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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F75659

1. Corporation Name

SATELLIT	re communications & Ei	LECTRONICS, INC.		
Principal Place	of Business	Mailing Address		# 1003100 1111 10001 01118 Ditas disin nini dibit
8340 ULMERTON ROAD P O BOX 20792 #210 ST PETERSBURG FL 33742				•
LARGO FL 33771				DO NOT WRITE IN THIS SPACE
US				3. Date Incorporated or Qualifed
		·		04/08/1982
2. Principal Pl	ace of Business	.2a. Mailing Address		4 FEI Number Applied For
21		26	·	59-2247635 Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired
		27		A Fee Required
· · · ·		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip .	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax
24	25	29 30	<u> </u>	Toronar Fronty Tun.
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered Agent
				'ОФФ H DEAN
4461 ONTARIO LANE			82 Street Addr	POTT H DEAN ress (P.O. Box Number is Not Acceptable)
CLEARWATER FL 34622			10	263 GANDY BLVD N. #2415
CLE	ANWAIER FL 34022		83 ST	
, I			84 City	F 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered				
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, it hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE	All years to fin	H. DEAN SCO	CG TT	4-8-99
- OIONATONE	Algorature, typed or printed name of registered agen	it and title if applicable. (NOTE: Re	gistered Agent signature require	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	PD	☐ DELETE	1,1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, H DEAN		1.2 NAME	
STREET ADDRESS	8340 ULMERTON RD, #210		1,3 STREET ADDRESS	
CITY-ST-ZI₽	LARGO FL		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, ANNETTA G		2.2 NAME	
STREET ADDRESS	8340 ULMERTON ROAD, #210		2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL		2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4,1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS		•	4,3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5,3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
			6.3 STREET ADDRESS	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

ANNETTA G. SCOTT SD 4/8/99 727-530-7740