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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G67883

(0)

SATELLITE LAND CORPORATION

	FILED								
May 1	5 19	978	:00am						
Seci	retary	of S	State						



S WALTER GRAND 114 CHAPIN PARKWAY BUFFALO NY 14209		Mailing Address M Walter Grand 114 CHAPIN PARKWAY BUFFALO NY 14209-1104	% WALTER GRAND 114 CHAPIN PARKWAY		3. Date Incorporated or Qualified	3a. Date of La	st Report	
					11/07/1983 G6/20		O/1996	
2. Principal Place of Business 26 21 26		2a. Mailing Address 26	ין "		4. FEI Number 59-2335900		Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	18.7	5 Additional Required	
City & State 23		City & State			Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees	
Ζφ 24	Country 25	Zip 29	Counti	у	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes WNo			
AD /	Name and Address of Cur ND, WALTER	rent Registered Agent	8	Name	10. Name and Address of New Rec	istered Agent		
	BEACH AVE		Ľ	nanie				
	KSONVILLE FL 32217		8:		ress (P.O. Box Number is Not Acceptab	e)		
			84			FL 85	Zip Code	
agent. La SIGNATURE	rn familiar with, and accept the ob- Stgrature, typed or portromanie of registered	ligations of, Section 607.0505, Flo	orida Statute	\$S.	ation's board of directors. I hereby acceptions are acceptional transfer of the second acception and the second acception and the second acception at the second acception and the second acception acceptance acception acceptance accep	DATE	-	
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
DILE	GRAND, WALTER	☐ DELETE	1.1 TITLE			Char	ige 🔲 Addition	
NAME STHEET ADDRESS	875 BEACH AVE JACKSONVILLE FL			T ADDRESS				
CHY-ST-ZIP TITLE	8	DELETE	1.4 CITY - 2.1 TITLE	ST-ZIP		Char	ioe Additio	
NAME	Grand, Laura		2.2 NAME					
STREET ADDRESS	875 BEACH AVE		2.3 STREE	T ADDRESS				
CITY - ST - ZIP	JACKSONVILLE FL		2. 4 CITY	ST-ZIP				
1(T.E		DELETE	3.1 TITLE			☐ Char	ige 🔲 Additio	
NAME STREET ADDRESS			3.2 NAME	T ADDRESS		•		
OTHER THREE	 -	All All Marketters		1				
NAME		DELETE	41 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Chan	ge Additio	
STREET ADOPESS			4.2 NAM					
CITY-ST 7#				1 ADDRESS				
NAME		DELETE	5.1 TITLE	31-11	**************************************	Chan	ge Addition	
STREET ADDRESS			5.2 NAME			L. ORD	Ro TINGUIDO	
CITY-ST-210				T ADDRESS				
IIILE		☐ DELETE	5.4 CITY- 6 1 TITLE	ST-ZIP				
NAME		- Detrie	6.2 NAME			☐ Chan	ge Addition	
STREET ADDRESS				ADDRESS				
City-St-7iP	V Certify that the information		6.4 CITY-:	ST-ZIP				
information Lam an off appears in	nindicated on this annual report of ficer or director of the corporation Block 12 or Block 13 if changed,	reu with this filing does not qualify r supplemental annual report is to or the receiver or trustee empowe or on an attachment with an addr	for the execute and according to execute to execute to execute the execute to execute the	mption stated arate and that oute this repor	d in Section 119.07(3)(i), Florida Statutes. t my signature shall have the same legal rt as required by Chapter 607, Florida Sta	I further certify ti effect as if made atutes; and that m	nat the under oath; th ny name	

SIGNATURE AND TYPED OR BENTED NAME OF SIGNING OFFICER OR DIRECTOR