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

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SIGNATURE:

14. I hereby certify that the information supplied with this filing does not qualify for the exindicated on this annual report or suppliemental annual report is true and accurate an officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if changed by on an attachment with an address.

Apr 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT # H17716** CLEARVIEW SATELLITE SYSTEMS. INC. Principal Place of Business Mailing Address P.O. BOX 946 P.O. BOX 946 **BRANFORD FL 32008 BRANFORD FL 32008** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/22/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-239 1084 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional [3 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May 8e 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GRIMMETT, JOEL F. RT 5, BOX 744 Street Address (P.O. Box Number is Not Acceptable) 82 LAKE CITY FL 32055 83 City Zip Code 85 ove-named corporation submits this statement for the purpose of changing its registered 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Horida Statutes, the office or registered agent, or both in the State of Florida, Such change was authorizagent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida St by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE. Signature, typed or profed nacle of regesterial agent and life if apple able OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE TITLE Change Addition GRIMMETT, JOEL F., JR NAME RT 5. BOX 744 STREET ADDRESS ET ADDRESS LAKE CITY FL CITY-ST-ZIP -ST-ZIP DELETE Change Addition TITLE 2 GRIMMETT, AMANDA NAME RT 5, BOX 744 STREET ADDRESS 2. FET ADORESS LAKE CITY FL CITY-ST-ZIP Y-ST-ZIP DELETE Change Addition TITLE NAME 32 STREET ADDRESS REET ADDRESS 3.3 CITY-ST-ZIP TY-ST-ZIP TITLE DELETE Change Addition STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CiTY - ST - 7!P Change Addition DELETE TITLE 51 TiTLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Change TITLE DELETE Addition 61 TiTLE NAME 6.2 N ME REET ANORESS STREET ADDRESS

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imption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information I that my signature shall have the same legal effect as if made under oath; that I am an his report as required by Chapter 607, Florida Statutes; and that my name appears in

**FILED**