

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H89872

(6)

1. Corporation Name

MR. SATELLITE, INC.

FILED
95 JUL 25 AM 8:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

4270 ALOMA AVE., SUITE 180
WINTER PARK FL 32792

Mailing Address

4270 ALOMA AVE., SUITE 180
WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/13/1985

3a. Date of Last Report
07/15/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2631817

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

MITCHELL, NIRA A.
415 PINAR DR.
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and his or her address

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MITCHELL, HAROLD D.
STREET ADDRESS	415 PINAR DR.
CITY ST ZIP	ORLANDO FL
TITLE	DV
NAME	MITCHELL, NIRA A.
STREET ADDRESS	415 PINAR DR.
CITY ST ZIP	ORLANDO FL
TITLE	D
NAME	MITCHELL, RUSSELL D.
STREET ADDRESS	415 PINAR DR.
CITY ST ZIP	ORLANDO FL
TITLE	D
NAME	MITCHELL, MYRA JANE
STREET ADDRESS	415 PINAR DR.
CITY ST ZIP	ORLANDO FL
TITLE	D
NAME	MITCHELL, STEVEN A.
STREET ADDRESS	415 PINAR DR.
CITY ST ZIP	ORLANDO FL
TITLE	D
NAME	MITCHELL, DAVID L.
STREET ADDRESS	415 PINAR DR.
CITY ST ZIP	ORLANDO FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Nira A. Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/95 (407) 678-1318
Date Signature (Print)

CR2E034 (3/95)