

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 19 1996 8:00 am
Secretary of State

DOCUMENT # J67180 (6)

1. Corporation Name

SATELLITE INNOVATIONS NORTH, INC.

Principal Place of Business

**802 AIA BEACH BLVD
ST. AUGUSTINE BEACH FL 32084-6711
US**

Mailing Address

**802 AIA BEACH BLVD
ST. AUGUSTINE BEACH FL 32084-6711
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **25** Country

24 **9. Name and Address of Current Registered Agent**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **30** Country

**TRINCA, LEONARD
7 "F" STREET
ST. AUGUSTINE BEACH FL**

3. Date Incorporated or Qualified

04/14/1987

3a. Date of Last Report

02/17/1995

4. FEE Number

59-2895360

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

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 607.0602 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 607.0602, Florida Statutes.

SIGNATURE

Signature for the person who is authorized to execute this report

Signature for the person who is authorized to execute this report

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	TRINCA, LEONARD	
STREET ADDRESS	7 "F" STREET	
CITY-STATE-ZIP	ST. AUGUSTINE BCH.FL	
TITLE	D	☐ DELETE
NAME	TRINCA, RENEE	
STREET ADDRESS	7 "F" STREET	
CITY-STATE-ZIP	ST. AUGUSTINE BCH.FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR

Exp/Rev 11/26/94

CR2E034 (12/95)