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PROFIT
CORPORATION
ANNUAL REPORT

1997



11 ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division of Corporations

DOCUMENT # K34832

(1)

INTERNATIONAL SATELLITE SYSTEMS, INC.

Mailing Address Prencipal Place of Business 3916 MURDOCK AVE. 3916 MURDOCK AVE. SARASOTA FL 34231 SARASOTA FL 34231-7648 3. Date Incorporated or Qualified 3a. Date of Last Report 09/28/1988 10/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0076655 26 Not Applicable 21 Suite, Apr. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 30 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CLARK, PAUL DANA 3018 DAWSON STREET. 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34239 83 84 City 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. Familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE the large at order in 1 to a large tened again and blied applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. DELETE Change Addition DIME 1 1 TiTLE CLARK, PAUL DANA E034 NAME 1.2 NAME 3018 DAWSON STREET 1.3 STREET ADDRESS STREET ATORESS SARASOTA FL 34239 CHY-51 7/P 1.4 CITY - \$1 - ZIP TS DELETE Change ☐ Addition 21 TITLE THE CLARK, SHEILA ROSSI 22 NAME NAME 3018 DAWSON STREET 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34239 2. 4 CITY - ST-ZIP CCY 53 DELETE Change Addition 101,5 3.1 TITLE 3 2 NAME MM: 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST- ZIP CDV-51-76 Change DELETE Addition 4.1 TITLE THE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ACCURES 4.4 CITY - ST - ZIP CHY-SI-ZIP DELETE Change Addition THILE 51 TITLE 5.2 NAME MAN STREET ADDRESS 5.3 STREET ADDRESS 5.4 C(TY-ST-ZIP $CHY\cdot SI\cdot ZIP$ Addition DELETE 6.1 TITLE ☐ Change TILE 62 NAME NAME 63 STREET ADDRESS STREET ANORESS 6.4 CHTY - ST - ZIP CHY-SI ZO

SIGNATURE:

appears in Block 12 or Block

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do no copy certify that the information supplied with this filling 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

3-10-97 941-922-7200

FILED

Mar 19 1997 8:00am

Secretary of State

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