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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90091 004 ***150.00

 Corporation 								
DONALD	son satellite & electro	ONICS INC.						
Principal Place	of Business	Mailing Address				- 1 10021012 000 11103 11201 0111 10011 0011	il Billi bialı aisli	-
535 \$ FERDON	BLVD	535 S FERDON BLVD						
CRESTVIEW FL 32539 CRESTVIEW FL 32539						DO NOT WRITE IN TH	IIS SPACE	
US		US				3. Date incorporated or Qualifed		
l						12/04/1989		\
2. Principal Place of Business 2a. Mailing Address					******	4. FEI Number		Applied For
21 26						59-2981239		Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certifcate of Status Desired	-~ ≈\$8:75	
22		27				5. Certificate of Otolius Desired		Required
City & State City & State						6. Election Campaign Financing	•	May Be
23						Trust Fund Contribution		to Fees
Zip	Country	Zip	Coul	nury		This corporation owes the current year Personal Property Tax.	Intangible Yes	□No
24	9. Name and Address of Current		30			10. Name and Address of New Registere		
	- Halle and Address of Current	registores rigent		81	Name			
DONALDSON, DONALD WAYNE				-	Out of Addition (D.O. Davids and Additional College			
535 S. FERDON BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)				
CRE	STVIEW FL 32539			83				
ł				84	City		85 Zij	Code
					•		·L	
-11:-Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the al	bove-	named corpo	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing.i pointment as	ts registered registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flor	ida Statı	ites.		, , ,		_
SIGNATURE		Walter (NOTE)	D	A nt -	signature required	when reinstating) DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent	agnature required	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	PSDC	☐ DELETE	1.1 TB	TLE			Chang	e
NAME	DONALDSON, DONALD WAYNE		1.2 NA	ME				
STREET ADDRESS	535 S FERDON BLVD		1.3 ST	REET A	ADDRESS	•		
CITY-ST-ZIP	CRESTVIEW FL 1.4		1.4 CF	TY-ST-	ZIP		<u>-</u>	
TITLE	VTD	☐ DELETE	2.1 TR	ΠE			Chang	e
NAME	AUBREY, DONALDSON		2.2 NA	ME		•		
STREET ADDRESS	535 S FERDON BLVD				ODRESS			
CITY-ST-ZIP	CRESTVIEW FL	☐ DELETE	_	TY-ST-	- ZIP		[]Chang	e
TITLE			3.1 TT		1		وان ري	
NAME			3.2 N/		ADDRESS			
STREET ADDRESS				ITY-ST-				
TITLE		☐ DELETE	4.1 TT		- 61		Chang	e 🔲 Addition
NAME		<u> </u>	4.2 N	•				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				TY-ST-	1			
TILE		☐ DELETE	5.1 TT				Chang	e
NAME			5.2 N/	WE				
STREET ADDRESS			5.3 \$1	REET	ADORESS			
CITY-ST-ZIP				TY-ST-	ZIP			
TITLE		☐ DELETE	6.1 TT				[] Chang	e
NAME			6.2 N/					
OTDEET ADDDEGG	i .		■ 6.3 S1	REET A	ADDRESS			

14. I hereby certify that the information supplied with this filing 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Por Signature and type of printed name of signing officer or director Way we Down USON 4/20/89 850 682 - 483/