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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L58191

(2)

MARSAT CORPORATION

FILED

May 05 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 103 NW 43 STREET 103 NW 43 STREET BOCA RATON FL 33431 **BOCA RATON FL 33431** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>03/14/1990</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 65-018077.1 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State Cily & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name zirzow, mark c 3164 St. ANNE'S DRIVE 82 Street . SUITE 400 83 **BOCA RATON FL 33496** 84 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 697.0505, Florida Statutes. SIGNATURE Signature: typed or proted hand of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ☐ Addition TITLE 1.1 TITLE ZIRZOW, MARK C. NAME 1.2 NAME 3164 ST ANNE'S DR STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY - ST - ZIP 1.4 CITY - ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME ZIRZOW, SUSAN B. 2.2 NAME STREET ADDRESS 3164 ST ANNE'S DR 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE Change Addition 31 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY - \$1 - ZIP DELETE Change TITLE 5.1 TITLE ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - ZIP

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 14. I hereby certify that the information supplied indicated on this annual report or suppler officer or director of the corporation or the Block 12 or Block 13 if changed, or on sort is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an amount of the control of **还** 1