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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name SAT, INC.

1998

M13726

(8)

FILED Apr 24 1998 8:00am Secretary of State

Principal Place of Business 4545 PLEASANT HILL RD STE - 114 KISSIMMEE FL 34759 US	Mailing Address 4545 PLEASANT HILL RD STE - 114 KISSIMMEE FL 34759 US		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 04/09/1985	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2527695	Not Applicable
Suite, Apt. #, etc. SUITE 108	Suite, Apt. #, etc. 27 SUITE 108		5. Certificate of Status Desired XX	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	7ip 29 3	Country 10	This corporation owes or has paid the car Personal Property Tax due June 30.	urrent year Intangible Yes No
9, Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered	Agent
FISCHER, MARGARET H 4545 PLEASANT HILL RD STE - 114 KISSIMMEE FL 34759		83 City	ess (SUITE Number is Not Acceptable)	
Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the obli- SIGNATURE Signature, typod or punted many: of registered a	gent and title if applicable (NOTE.	Registered Agent signature requi	red whon reinstating) DATE	
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change X Addition
NAME FISCHER, LOUIS E. STREET ADDRESS CITY-S1-ZIP KISSIMMEE FL	☐ DELETE	11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SUITE 108	
TITLE TVSD NAME FISCHER, MARGARET H	DELETE	2.1 TITLE 2.2 NAME		Change XX Addition
STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL	·114 	2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP	SUITE 108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CHTY-ST-ZIP		☐ Change ☐ Addition
TIPLE NAME	☐ DELETE	4.1 TITLE 4. 2 NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADORESS CITY-ST-2IP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the informatio 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 relevier 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 to an all achment with an address.

MARGARET H. FISCHER 4/6/98 407/847-9700

SIGNATURE: