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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P94000004713 (1)**

1. Corporation Name
CONTINENTAL SATELLITE COMPANY OF FLORIDA, INC.

Principal Place of Business

**5804 RICHARD STREET
JACKSONVILLE FL 32216**

Mailing Address

**5804 RICHARD STREET
JACKSONVILLE FL 32216-6951**

3. Date Incorporated or Qualified
01/20/1994

3a. Date of Last Report
05/16/1996

4. FEI Number
59-3228774

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	NEHER, TIMOTHY P.	
STREET ADDRESS	109 COMMONWEALTH AVE.	
CITY- ST- ZIP	BOSTON MA 02116	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHLEYER, WILLIAM T.	
STREET ADDRESS	20 SOUTH RD	
CITY- ST- ZIP	RYE BEACH NH	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DUNHAM, W. LEE H.	
STREET ADDRESS	16 LINCOLN ST.	
CITY- ST- ZIP	BELMONT MA	
TITLE	TVP	<input type="checkbox"/> DELETE
NAME	KRAUSS, P. ERIC	
STREET ADDRESS	1886 COMMONWEALTH AVE #33	
CITY- ST- ZIP	BRIGHTON MA	
TITLE	VM	<input type="checkbox"/> DELETE
NAME	FIUPIAK, ELLEN	
STREET ADDRESS	1010 SE 6TH ST	
CITY- ST- ZIP	DEERFIELD BEACH FL	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	HOFFSTEIN, RICHARD A.	
STREET ADDRESS	108 NEHOIDEN RD	
CITY- ST- ZIP	NEWTON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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 or changed or on attachment with an address.

SIGNATURE:

P. ERIC KRAUSS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

Date

(617) 742-9500

Daytime Phone #

0036057

CR2E034 (9/96)