FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000070310 (5)**

1. Corporation Name

MOSAT - ORLANDO, INC.

Principal Place of Business	Mailing Address
1919 RIVER PARK BLVD ORLANDO FL 32817	1919 RIVER PARK BLVD ORLANDO FL 32817

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/23/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 12275 UNIVERSITY BLVD.
22: Suite, Apt. #, etc.
23: City & State: ORLANDO, FLORIDA
24: Zip: 32817
25: Country: ORANGE

2a. Mailing Address
26: P.O.BOX 677698
27: Suite, Apt. #, etc.
28: City & State: ORLANDO, FLORIDA
29: Zip: 32817-7698
30: Country: ORANGE

4. FEI Number: 59-3275800 ☐ 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

9. Name and Address of Current Registered Agent

WOLFORD, LAURENCE G
1919 RIVER PARK BLVD
ORLANDO FL 32817

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	PRESIDENT LAURENCE G. WOLFORD 1919 RIVER PARK BLVD., ORLANDO, FL 32817	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	VICE PRESIDENT ROBERT R. SVAHN 4579 ALDER DRIVE PORT ORANGE, FL 32116	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	VICE PRESIDENT RAUL BRIONES 1919 RIVER PARK BLVD., ORLANDO, FL 32817	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	DIRECTOR DENNIS R. FOX 10825 PUEBLA DRIVE LA MESA, CA 91941	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	DIRECTOR PATRICIA L. WOLFORD 4858 MT. ROYAL AVE. SAN DIEGO, CA 92117	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	DIRECTOR N. MICHAEL COOLEY 8621 DUNWOODIE RD. SANTEE, CA 92077	☐ Change XX Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ LAURENCE G. WOLFORD 02/23/'95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000400 CP