

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000021515 (8)**

1. Corporation Name

**TOP PERFORMANS SATELLITE, INC.**

Principal Place of Business

**614 SO. FLORIDA AVENUE  
LAKELAND FL 33801**

Mailing Address

**614 SO. FLORIDA AVENUE  
LAKELAND FL 33801**



2. Principal Place of Business

**21**

Suite, Apt. #, etc.

2a. Mailing Address

**26**

Suite, Apt. #, etc

**22**

City & State

27. City & State

**23**

Zip

28. Zip

**24**

Country

29. Zip

Country

30. Zip

Country

9. Name and Address of Current Registered Agent

**FOREMAN, NANCY M  
614 SO. FLORIDA AVENUE  
LAKELAND FL 33801**

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 by law

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>1. TITLE</b>	<b>2. NAME</b>	<b>3.1 TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOREMAN, ROBERT A	3.2 NAME		
STREET ADDRESS	614 SO. FLORIDA AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33801	3.4 CITY-ST-ZIP		
<b>4. TITLE</b>	<b>5. NAME</b>	<b>4.1 TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOREMAN, NANCY M	4.2 NAME		
STREET ADDRESS	614 SO. FLORIDA AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33801	4.4 CITY-ST-ZIP		
<b>6. TITLE</b>	<b>7. NAME</b>	<b>5.1 TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOREMAN, NANCY M	5.2 NAME		
STREET ADDRESS	614 SO. FLORIDA AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33801	5.4 CITY-ST-ZIP		
<b>8. TITLE</b>	<b>9. NAME</b>	<b>6.1 TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOREMAN, NANCY M	6.2 NAME		
STREET ADDRESS	614 SO. FLORIDA AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33801	6.4 CITY-ST-ZIP		

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)(k), 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:** *Nancy Foreman V.P.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-16-96 (941)682-1946*

Date Daytime Phone #

CR2E034 (12/95)