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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000021603 (2)

INTERNATIONAL ANTENNA CORPORATION

Mailing Address Principal Place of Business 4841 FAYANN ST 4841 FAYANN ST ORLANDO FL 32812 ORLANDO FL 32812 3. Date incorporated or Qualified 3a. Date of Last Report 03/14/1995 4. FEI Number Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 Cilv & State Crty & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Zin Country Zio Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LANDIS, DAVID C 82 Street Address (P.O. Box Number is Not Acceptable) **4841 FAYANN ST** 83 ORLANDO FL 32812 City 85 Zip Code 1. 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. Thereby 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 to all applicable (NOTE: Registered Agent signature regu-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 DELETE Change Addition 1 1 TITLE TITLE LANDIS, JEANNA R 1.2 NAME NAME **4841 FAYANN ST** STREET ADDRESS 13 STREET ADDRESS ORLANDO FL 32812 14 CITY-ST-Z-P CITY-ST-ZIP Addition DEL ETE 2.1 TPLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-S1-7IP 24 CITY - ST- ZIP Change Addition DELETE 3 1 TITLE MULE 3.2 NAME NAM.F 3.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntary, 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 of 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 creetor of the compation of the receipt of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Blog

34 CITY - ST - ZIP

4.3 STREET ADORESS

5.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 City - ST ZiP

4 1 TITLE

4.2 NAME

5.1 TITLE

5.0 NAME

6 1 THEFE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CI1Y - ST - 71P

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-SI-7IP

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of Signing Officer or Director

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