

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 # P95000048817 (7)

1. Corporation Name

SATELLITE PRINTING AND DESIGN, INC.



Principal Place of Business

150 NORTHWEST 78TH AVENUE
PEMBROKE PINES FL 33024

Mailing Address

150 NORTHWEST 78TH AVENUE
PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified

06/21/1995

3a. Date of Last Report

✓

2. Principal Place of Business

2a. Mailing Address

21 3212 W. BROWARD BLVD
Suite, Apt. #, etc.

26 3212 W. BROWARD BLVD
Suite, Apt. #, etc.

4. FEI Number

65-0603830

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

22 City & State

23 Ft. LAUDERDALE FLA

27 City & State

28 Ft. LAUDERDALE FLA

24 Zip

25 32212

Country

26 USA

29 Zip

30 33312

Country

31 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAMATO, MARIE
1480 SOUTH OCEAN BLVD., #421
POMPANO BEACH FL 33062

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 below of registered agent and if not applicable

Signature typed or printed below of registered agent and if not applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	D'AMATO, DONNA	
STREET ADDRESS	150 NORTHWEST 78TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	D'AMATO, MARIE	
STREET ADDRESS	1480 S. OCEAN BLVD., APT. 421	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WAGONER, DAMATO DONNA	
1.3 STREET ADDRESS	150 N.W. 78 AVENUE	
1.4 CITY-ST-ZIP	PEMBROKE PINES FLA 33024	
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 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, upon an attachment with an address.

SIGNATURE:

Donna Damato Wagoner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONNA DAMATO WAGONER P.D.

4-25-96 954-583-3489

D.J.

Daytime Phone #

CR2E034 (12/95)