## . FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000098023 (1)

AMERICA'S CHOICE SATELLITE ENTERTAINMENT, INC.

Principal Place of Business Mailing Address					1 144 (144 (144 (144 (144 (144 (144 (14		719 11888 HILLIER
8306 BUSINESS PARK DR B306 BUSINESS PARK DR PORT ST LUCIE FL 34952 PORT ST LUCIE FL 34952							
					3. Date Incorporated or Qualific 12/13/1995	od 3a. Date of 09/23/19	•
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21		26	26				Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired S8.75 Additional Fee Required		
City & Stat	re	City & State			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip	Country	Z(p)	Countr	у	8. This corporation has liability		
24	25 29 30		30		Florida Statutes	X Yes 🗌 No	·
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New	Registered Agen	t
HAR	rris, allan		8.	Name			
2391	1 SW RIVERSIDE DR		82	Street Add	ress (P.O. Box Number is Not Accer	ntable)	
PAL	M CITY FL 34990		83				
				J		r- <del>-</del>	1
			84	City		FL 85	Zip Code
SIGNATURE	m familiar with, and accept the obli-				red whon renstating)  ADDITIONS/CHANGES TO OF	DATE	ECTORS IN 12
TITLE	D OFFICERS AI	DELETE	1.1 TRUE		ADDITIONS/CHANGES TO OF		Change Addition
NAME	BOLOS, JOHN		1.0 MUF				• –
STREET ADDRESS	RURAL ROUTE BOX 144G			LADDRESS 36	113 Scheca Turnpiki	c, Smite 10	<b>,</b> 3
CITY-ST-ZIP	REMSEN NY 13438		1.4 CITY -				
TITLE	0	DELETE	2.1 TITLE	51-7IF 10	EN HARTford . NY	<b>X</b> 0	Change Addition
NAME	HARRIS, ALLAN		2.2 NAME	1 ^	The fact offy	===	
STREET ADDRESS	2391 SW RIVERSIDE DR			1 ADDRESS			
CITY-ST-ZIP	PALM CITY FL		2 4 011 4				
TITLE		DELFTE	3.1 TITLE	.5	SCRUTARY IN DIREC	7 0 C	hange 🔀 Addition
NAME			3.2 NAME	7	CANDY VVARREN	_	_
STREET ADDRESS	J		3.3 STREE	I ADDRESS   🔻	773 E Domume	ea Romer T	Ro Simazi
CITY-ST-ZIP			3 4. CiTY -	SI-ZIP 5	copyracy AZ	PUZ 250	
TITLE		DELETE	4 1 TITLE				hange Addition
NAME			4 2 NAMI				
STREET ADDRESS			4.3 STREE	1 ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-2IP			
TITLE		DELETE	5.1 TITLE				hange Addition
NAME			5.2 NAM£				
STREET ADDRESS			5.3 \$1REE	1 ADDRESS			
CITY-ST-ZIP			5 4 CITY -	ST-ZIP			_
TITLE		☐ DELETE	6.1 TITLE				hange
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
City-ST-ZiP			64 DITY-	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 eath; 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.

**FILED** 

Jun 24 1997 8:00am

Secretary of State