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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000024408 (2)

1. Corporation Name

NEW WORLD SATELLITE OF FLORIDA, INC.



Principal Place of Business

POST OFFICE BOX 875
HIGHWAYS 17 & 82 NORTH
DAVENPORT FL 33837

Mailing Address

POST OFFICE BOX 875
HIGHWAYS 17 & 82 NORTH
DAVENPORT FL 33836-0875

3. Date Incorporated or Qualified

03/19/1996

3a. Date of Last Report

2. Principal Place of Business

21 100 McKay DRIVE

Suite, Apt. #, etc.

22 City & State
Haines City FL

23 Zip 33844 Country USA

2a. Mailing Address

26 Route 2, Box 73

Suite, Apt. #, etc.

27 City & State
Richland Center, WI

28 Zip 53581 Country USA

4. FEI Number

39-1677193

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

CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition

1.2 NAME SCOTT SCHWARTZ
1.3 STREET ADDRESS 7498 INDIANO CIRCLE
1.4 CITY - ST - ZIP MEDDLETON, WI 53562

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition

2.2 NAME JIM CASTRO
2.3 STREET ADDRESS 5120 DATE PALM STREET
2.4 CITY - ST - ZIP COCOA, FL 32927

3.1 TITLE TREASURER ☐ Change ☒ Addition

3.2 NAME KONDUNBAR
3.3 STREET ADDRESS 404 PRINCESS PLACE
3.4 CITY - ST - ZIP LAKE LAND, FL 33803

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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 registered agent 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97

Daytime Phone #

0393470

CR2E034 (9/96)