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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P96000030372 (2)

LITTLE VIC'S SATELLITE, INC.

Principal Place of Business Mailing Address 1935 COUNTY ROAD 851 1935 COUNTY ROAD 951 NAPLES FL 34116 NAPLES FL 33999 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0689789 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zio Country Country This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SPARKMAN, RICHARD D 307 AIRPORT ROAD NORTH 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33942 84 City 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, typed or proted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Addition 11 TITLE Change George VICTOR 1935 CR 951 N. GEORGE, VISTOR T. NAME Victor T 12 NAME 4381 3RD AVE NW STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Naples, FL DELETE TITLE Addition 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CiTY-ST-ZIP ■ DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I 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 suppliernontal 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 roceivor 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 many with an address.

34. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DFLETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIE

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NRME

TITLE

NAME

TITLE

NAME

Victor I Garea 4/13/98

Change

Change

Addition

Addition

Addition

FILED

Apr 20 1998 8:00am

Secretary of State