

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

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Apr 29 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #**

1. Corporation Name

**SATCOM SYSTEMS, INC.**  
 1638 Embassy Drive, Suite 106  
 West Palm Beach, FL 33401

*P960000 57001*

Principal Place of Business

Mailing Address

**1638 Embassy Drive Suite 106 West Palm Beach, FL 33401**  
**1638 Embassy Drive Suite 106 West Palm Beach, FL 33401**

2. Principal Place of Business

2a. Mailing Address

21 **7710 Lago Del Mar Drive** 26 **7710 Lago Del Mar Drive**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Suite 504** 27 **Suite 504**

City & State City & State

23 **Boca Raton, Florida** 28 **Boca Raton, Florida**

Zip Country Zip Country  
 24 **33433** 25 **Palm Beach** 29 **33433** 30 **Palm Beach**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Elise Gross, Esquire**  
**Soule, Leal & Associates, P.A.**  
**7471 W. Oakland Park Blvd., Suite 110**  
**Ft. Lauderdale, FL 33319**

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 of officer or president, or of a registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE **President**  
 NAME **Elise Gross**  
 STREET ADDRESS **7710 Lago Del Mar Dr., #504**  
 CITY-ST-ZIP **Boca Raton, FL 33433**

11 TITLE ☐ Change ☐ Addition  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Elise Gross*  
**Elise Gross**

4/24/97

Date

954-572-2121

Daytime Phone #

CR2E034 (9/96)