


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

FILED

May 13 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 # P96000079601 (6)			
1. Corporation Name LADY LAKE SATELLITE, INC.			
Principal Place of Business 15625 S E CR 25 127 WEIRSDALE FL 32105		Mailing Address 15625 S E CR 25 WEIRSDALE FL 32105	
2. Principal Place of Business 21 127 S. Hwy 27/44 Suite, Apt. #, etc. 22 City & State 23 Lady Lake FL Zip Country 24 32159 25 LAKE		2a. Mailing Address 26 127 S. Hwy 27/44 Suite, Apt. #, etc. 27 City & State 28 Lady Lake FL Zip Country 29 32159 30 LAKE	
9. Name and Address of Current Registered Agent BRUSKO, STEPHEN 15625 S E CR 25 WEIRSDALE FL 32105		10. Name and Address of New Registered Agent 81 Name BRUSKO, STEPHEN 82 Street Address (P.O. Box Number is Not Acceptable) 127 S. HWY 27/44 83 84 City LADY LAKE FL 85 Zip Code 32159	
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 <i>Stephen Brusko</i> DATE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRUSKO, STEPHEN 15625 S E CR 25 WEIRSDALE FL 32105	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	BRUSKO, STEPHEN 127 S. Hwy 27/44 LADY LAKE FL 32159
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRUSKO, EUGENE 734 TRUMAN AVE LADY LAKE FL 32159	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 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 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: *Stephen Brusko*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 (352) 753-5588
Date Daytime Phone