

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000064642 (6)

1. Corporation Name

ALPINE SATELLITE SYSTEMS INC.

Principal Place of Business

2944 FOXCROFT LN  
SOUTH DAYTONA FL 32119

Mailing Address

2944 FOXCROFT LN  
SOUTH DAYTONA FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1997

4. FEI Number

593-45-9743

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 2090 S. NOVA RD # B-206

Suite, Apt. #, etc.

22 SOUTH DAYTONA, FL

City & State

23 32119

Zip

USA

Country

2a. Mailing Address

26 2090 S. NOVA RD # B-206

Suite, Apt. #, etc.

27 SOUTH DAYTONA, FL

City & State

28 32119

Zip

USA

Country

9. Name and Address of Current Registered Agent

NOPANEN, DAVID W  
2944 FOXCROFT LN  
SOUTH DAYTONA FL 32119

10. Name and Address of New Registered Agent

81 Name

DAVID W. NOPANEN

82 Street Address (P.O. Box Number is Not Acceptable)

2090 SOUTH NOVA RD # B-206

83

SOUTH DAYTONA, FL

32119

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

*David W. Nopanen*

DAVID W. NOPANEN

01-26-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME NOPANEN, DAVID W  
STREET ADDRESS 2948 FOXCROFT LN  
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE D ☒ DELETE  
NAME WHARTON, RONALD P  
STREET ADDRESS 2944 FOXCROFT LN  
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT-SECRETARY ☒ Change ☐ Addition  
1.2 NAME DAVID W. NOPANEN  
1.3 STREET ADDRESS 2948 FOXCROFT LN.  
1.4 CITY-ST-ZIP SOUTH DAYTONA, FL 32119

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 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

*David W. Nopanen*

CR2E034 (10/97)