

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90069 038 \*\*\*150.00

DOCUMENT # P98000006643

1. Corporation Name  
SATELLITE SERVICES BY TRI-STAR CORP.

Principal Place of Business  
9422 E COLONIAL DRIVE  
ORLANDO FL 32817

Mailing Address  
9422 E COLONIAL DRIVE  
ORLANDO FL 32817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1998

4. FEI Number

59-3490000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 13719 BLUE LAGOON WAY

Suite, Apt. #, etc.

27 ORLANDO, FLORIDA

City & State

28 32828

USA

Zip

Country

9. Name and Address of Current Registered Agent

RAVIELE, JO ANN  
9422 E COLONIAL DRIVE  
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name

JO ANN RAVIELE

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

13719 BLUE LAGOON WAY

83

ORLANDO

84 City

FL

85 Zip Code

32828

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 PSD  
NAME RAVIELE, JO ANN  
STREET ADDRESS 9422 E COLONIAL DRIVE  
CITY-ST-ZIP ORLANDO FL 32817 ☒ DELETE

TITLE V  
NAME ANDREOLA, DONNA M  
STREET ADDRESS 9422 E COLONIAL DRIVE  
CITY-ST-ZIP ORLANDO FL 32817 ☒ DELETE

TITLE T  
NAME FERRARI, KAREN L  
STREET ADDRESS 9422 E COLONIAL DRIVE  
CITY-ST-ZIP ORLANDO FL 32817 ☐ DELETE

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 TSD  
1.2 NAME RAVIELE, JO ANN  
1.3 STREET ADDRESS 13719 BLUE LAGOON WAY  
1.4 CITY-ST-ZIP ORLANDO, FL 32828 ☒ Change ☐ Addition

2.1 TITLE V  
2.2 NAME ANDREOLA, DONNA M  
2.3 STREET ADDRESS 13719 BLUE LAGOON WAY  
2.4 CITY-ST-ZIP ORLANDO, FL 32828 ☒ Change ☐ Addition

3.1 TITLE T  
3.2 NAME FERRARI, KAREN L  
3.3 STREET ADDRESS 13719 BLUE LAGOON WAY  
3.4 CITY-ST-ZIP ORLANDO, FL 32828 ☒ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *Jo Ann Raviele*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

(407) 275-8656

Daytime Phone #

CR2E034 (11/98)

0098914