

FILED

Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90012 021 ***150.00

AMOUNT DUE ON OR BEFORE 07/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

-99.

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000051994			
1. Corporation Name U.S.A. SATELLITE, INC.			
Principal Place of Business 134 FLICKER LANE, P.O. BOX 48 EVERGLADES CITY FL 34138		Mailing Address 134 FLICKER LANE, P.O. BOX 48 EVERGLADES CITY FL 34138	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 4833 Sunset Bl.		2a. Mailing Address 4970 Burnt Pine Rd.	
21. Suite, Apt. #, etc. Suite 287		26. Suite, Apt. #, etc. Porta Gorda #1	
22. City & State Corpus Christi Tex		27. City & State FL	
23. Zip 78413		28. Zip 33955	
24. Country USA		29. Country USA	
3. Date incorporated or Qualified 06/08/1998			
4. FEI Number 593514733		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	
7. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No		8. Name and Address of New Registered Agent	
8. Name and Address of Current Registered Agent BUCK, HERBERT J PA 5405 JAEGER RD. NAPLES FL 34109		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		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 _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	D	☐ DELETE	
NAME	WEEKS, NANETTE		
STREET ADDRESS	134 FLICKER LANE, P.O. BOX 48		
CITY-ST-ZIP	EVERGLADES CITY FL 34138		
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		☐ Change ☐ Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
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)(f), 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: Nanette Weeks 7/7/99 944-282-6298			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR26034 (5/99)