


FILED
May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000062745

1. Corporation Name
SATELLITE INC.



Principal Place of Business 3186 CHARTER CLUB DR. TARPON SPRINGS FL 34689	Mailing Address 3186 CHARTER CLUB DR. TARPON SPRINGS FL 34689
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2301 No. DALE MARRY Hwy	26 Same	593535112		07/16/1998	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number		Applied For	
23 City & State Tampa FL	28 City & State	593535112		Not Applicable	
24 Zip 33607	25 Hillsborough	5. Certificate of Status Desired		8.75 Additional Fee Required	
29 Country	30	<input type="checkbox"/>		6. Election Campaign Financing - Trust Fund Contribution	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

PENA, MARK E
 300 SOUTH HYDE PARK AVE., STE. 220
 TAMPA FL 33606

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR, PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABDO, KHALIL	1.2 NAME	JOSEPH E ABDO
STREET ADDRESS	3186 CHARTER CLUB DR.	1.3 STREET ADDRESS	2301 DALE MARRY HWY
CITY-ST-ZIP	TARPON SPRINGS FL 34689	1.4 CITY-ST-ZIP	TAMPA FL 33607
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	NAJEM CHALAKNE
STREET ADDRESS		2.3 STREET ADDRESS	2301 DALE MARRY HWY
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAMPA FL 33607
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	EMRIGUE PENA, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	2301 DALE MARRY HWY
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA FL 33607
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: KHALIL ABDO Date: 4/29/99 Daytime Phone #: 813 877-2668

CR2E034 (1/98)