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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90044 029 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S16016

1. Corporation Name
SATOR, INC.

Principal Place of Business

**5640 N FEDERAL HWY
SUITE 2
FT LAUDERDALE FL 33308**

Mailing Address

**C/O SAVETAX ACCOUNTING
~~2765 W. CYPRESS CK. RD.~~
FT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1990

4. FEI Number

065-0236501

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2265 SW 22ND AVE

2a. Mailing Address

26 3601 W. COMMERCIAL BLVD

Suite, Apt. #, etc.

22 # 101

Suite, Apt. #, etc.

27 Ste 28

City & State

23 Delray Beach

City & State

28 FT. LAUDERDALE FL

Zip

24 33445

Country

25 FLA

Zip

29 33309

Country

30 FLA

9. Name and Address of Current Registered Agent

NICOTRA, CAROLYN

**• 2765 W. CYPRESS CK. RD.
STE. B
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name

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

3601 W. COMMERCIAL BLVD

83 **Ste 28**

84 City

FT. LAUDERDALE

FL

85 Zip Code

33309

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 **D** ☐ DELETE
NAME **NORCIA, ROBERT**
STREET ADDRESS **5640 N FEDERAL HWY #2**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **MARK ASMUS - UP** ☐ DELETE
NAME **2265 S.W. 22ND AVE # 101**
STREET ADDRESS **Delray Beach, FL 33445**
CITY-ST-ZIP **Delray Beach, FL 33445**

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 **2265 SW 22ND AVE # 101**
1.3 STREET ADDRESS **Delray Beach, FL 33445**
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-99 954-730-3137

CR2E034 (11/98)