## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Sep 17 1997 8:00am Secretary of State

i '	MENT # S35980 SATELLITE CONNECTION,	<b>\</b>			1181 1181 1181 1181 1181 1181 1181 118
Principal Plac	e of Business	Mailing Address		{	
708 US HWY 27 S 120 LAKE FRANCIS DR.					
LAKE PLACID FL 33852 LAKE PLACID FL 33852					
US				DO NOT WRITE	
<u> </u>				3. Date Incorporated or Qualified	3a. Date of Last Report
9 Principal P	Place of Business	2a. Mailing Address		03/06/1991 4. FEI Number	<u> 05/01/1996</u>
21 26			59-3053613	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					CR 75 Additional
22 27		27		5. Certificate of Status Desired	Fee Required
		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip \	Country	Zip	Country	B. This corporation owes or has pa	
24 '	25 Name and Address of Curren	29	30	Personal Property Tax due June	
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HADDIC ANNE C 81 Name					
HARRIS, ANNE S.  120 LAKE FRANCIS DR.  81 No. 120 LAKE FRANCIS DR.					
LAKE PLACID FL 33852			82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
	E FEACIU FL 33032		В3		·
			84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statut				rporation submits this statement for the p	
office or r	egistered agent, or both, in the State in familiar with and accept the obliga	of Florida. Such change was a	authorized by the corpora	ation's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	Tarina Titi i and doopt in obrigo	11 ,0000, 11	onda otatotos.		
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable (NOT	E Registered Agent signature requ		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DPT	☐ DELFTE	1.1 TATLE		Change C Addition
NAME	HARRIS, ANNE S.		1.2 NAME		
STREET ADDRESS	120 LAKE FRANCIS DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL	M OFFETE	1.4 CITY - ST - ZIP		Observe The Reference
TITLE NAME	SCOTT HARRIS	DELETE	2.1 TITLE	•	Change Addition
STREET ADDRESS	120 LK FRANCIS DR		2.2 NAME		i
CITY-ST-ZIP	LK PLACID FL		2.3 STREET ADDRESS		
TITLE	SV	☐ DELETE	2. 4 CITY - ST - 7IP 3.1 TITLE		Change Addition
NAME	TIM HARRIS	<u> </u>	3.2 NAME		C Augusto C Michigan
STREET ADDRESS	1302 MAGNOLIA ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		3.4. DITY-ST-ZIP		
TITLE	-	DELETE	41 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
			4.3 STREFT ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Acidition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	or codification that the information currelled	State to the state of the state	6.4 CITY-SY-ZIP		

t do 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 trustge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or on an attachment with an address.

9/0/07