

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

**FILED**

**Apr 29 1998 8:00am  
Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F83388 (1)**

1. Corporation Name  
**CABER SYSTEMS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>12205 SW 132 COURT MIAMI FL 33186</b>	Mailing Address <i>misspelled</i> <b>10 N. AHWAHNEE ROAD LAKE FORSET IL 60045</b> <i>misspelled</i>
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3. Date Incorporated or Qualified <b>06/01/1982</b>	4. FEI Number <b>59-2057241</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. <b>10 N. AHWAHNEE ROAD</b>
22. City & State	27. <b>LAKE FOREST, IL</b>
23. Zip	28. <b>60045</b>
24. Country	29. Country

9. Name and Address of Current Registered Agent

**TERPENING, ROBERT  
8181 SW 189 STREET  
MIAMI FL 33157**

10. Name and Address of New Registered Agent

81. Name	<b>THOMAS MORANTE</b>
82. Street Address (P.O. Box Number is Not Acceptable)	<b>JORDAN, BURT, BERENSON</b>
83. City	<b>777 BRICKELL AVENUE SUITE 500</b>
84. State	<b>FL</b>
85. Zip Code	<b>33131</b>

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 *Thomas P. Morante* DATE **April 20, 1998**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>EVANS, RICHARD L</b>	
STREET ADDRESS	<b>10 N. AHWAHNEE ROAD</b>	
CITY-ST-ZIP	<b>MIAMI FL 60045</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>EVANS, RICHARD L</b>	
STREET ADDRESS	<b>10 N. AHWAHNEE ROAD</b>	
CITY-ST-ZIP	<b>MIAMI FL 60045</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>LAKE FOREST, IL 60045</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>LAKE FOREST, IL 60045</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Richard L Evans* **RICHARD L EVANS 4/18/98 (847) 735-9089**

CR2E034 (10/97)