

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 FEB 17 PM 3: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M83754 (5)**

1. Corporation Name  
**CABLE POWER, INC.**

Principal Place of Business	Mailing Address
% JOHN P. YANAS 624 XAVIER AVENUE MELBOURNE FL 32901	% JOHN P. YANAS 624 XAVIER AVENUE MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/02/1988</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2895619</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**YANAS, JOHN P.  
624 XAVIER AVENUE  
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

B1. Name	B5. Zip Code
B2. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
B3.	
B4. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>YANAS, JOHN P.</b>
STREET ADDRESS	<b>624 XAVIER AVENUE</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>
TITLE	<b>DST</b>
NAME	<b>YANAS, STEPHANIE R.</b>
STREET ADDRESS	<b>624 XAVIER AVENUE</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Robert J. Brillante</b>
3.3 STREET ADDRESS	<b>3992 Bobbin Brook Circle</b>
3.4 CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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; that the reciever or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if registered or on an attachment with an address.

SIGNATURE:  **YANAS, JOHN P.**

2/14/95 (907) 676-4599