

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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000039755
1. Corporation Name: ANTEC, II, INC.
P930000

Principal Place of Business: 365 GOLDEN KNIGHTS BLVD TITUSVILLE, FL 32780
Mailing Address: P.O. Box 2563 TITUSVILLE, FL 32781-2563

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 6-1-1993
3a. Date of Last Report: 02-23-96
4. FEI Number: 59-3198158
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: CARL WASILESKI, 507 PALM AVE, TITUSVILLE, FL 32796

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

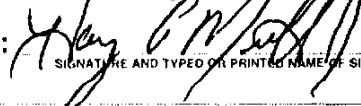
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	KIMBERLY CORTER	
STREET ADDRESS	3691 ROYAL OAK DR, P.O. Box 2563	
CITY-ST-ZIP	TITUSVILLE, FL 32781-2563	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	HARRY MERRITT	
STREET ADDRESS	3691 ROYAL OAK DR, P.O. Box 2563	
CITY-ST-ZIP	TITUSVILLE, FL 32781-2563	
TITLE	DPV	<input type="checkbox"/> DELETE
NAME	KIMBERLY CORTER	
STREET ADDRESS	3691 ROYAL OAK DR, P.O. Box 2563	
CITY-ST-ZIP	TITUSVILLE, FL 32781-2563	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	HARRY MERRITT JR	
STREET ADDRESS	3691 ROYAL OAK DR, P.O. Box 2563	
CITY-ST-ZIP	TITUSVILLE, FL 32781-2563	
TITLE		<input type="checkbox"/> DELETE
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 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	

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***165.00

14. I 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment, with an address.

SIGNATURE:  HARRY A. MERRITT JR 04/10/97 407-267-3141
Date: _____ Daytime Phone #: _____

CR2E034 (9/96)