

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90004 026 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #. P94000091618**

1. Corporation Name  
**S. & R CABLE SERVICES, INC.**



Principal Place of Business 3941 CLARCONA OCOEE RD ORLANDO FL 32810 US	Mailing Address 3941 CLARCONA OCOEE RD ORLANDO FL 32810 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/16/1994</b>	
4. FEI Number <b>59-328771</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 owes the current year Intangible Personal Property Tax. <input checked="" 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 Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**SULLENBERGER, JAMES E**  
**30 WACASSA TRAIL**  
**SORRENTO FL 32776**

10. Name and Address of New Registered Agent

81 Name <b>WILLIAM J ROGERS</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>25139 ALGONQUIN AVE</b>	
83 City <b>SORRENTO</b>	
84 City <b>FL</b>	85 Zip Code <b>32776</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 William J. Rogers (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>ST</b>	<input type="checkbox"/> DELETE
NAME <b>ROGERS, ELISEAN</b>	
STREET ADDRESS <b>32410 WACASSA TRAIL</b>	
CITY-ST-ZIP <b>SORRENTO FL 32776</b>	
TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>ROGERS, WILLIAM J</b>	
STREET ADDRESS <b>32410 WACASSA TRAIL</b>	
CITY-ST-ZIP <b>SORRENTO FL 32776</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 <b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>ROGERS, ELISEAN</b>	
1.3 STREET ADDRESS <b>25139 ALGONQUIN AVE</b>	
1.4 CITY-ST-ZIP <b>SORRENTO, FL 32776</b>	
2.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>ROGERS, WILLIAM J</b>	
2.3 STREET ADDRESS <b>25139 ALGONQUIN AVE.</b>	
2.4 CITY-ST-ZIP <b>SORRENTO, FL 32776</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, with all other like empowered.

SIGNATURE: William J. Rogers (NOTE: REGISTERED AGENT SIGNATURE REQUIRED) DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (1/199)