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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000067680 (4)

MS. CABLE & WIRE INSTALLATIONS, INC.

FILED Jan 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									- E (M NISTER) TIM SOCIAL WISHIN ABITIN DESIGN	18ii asiis 6	1817 AN DIS MLIMI 1	#iii arii irai
552 N.E. 35TH STREET 552 N.E. 35TH STREET												
FORT LAUDERDALE FL 33334 FORT LAUDERDALE F						3334			DO NOT WRITE IN THIS SPACE			
									3. Date Incorporated or Qualified		7017102	
									08/14/1996			
2. Principal P	face of Business	2a. Maii	ng Address					4. FEI Number		/	Applied For	
21			26			- 			65-0714110		_	vot Applicable
2-1-2-1-2-1	44 .4-	<u> </u>	Suite	Apt. #, etc.	-				5. Certificate of Status Desired			Additional
22		27						3. Commodite of clause accuracy		Fee F	Required	
City & State			- ├ ──	F 7			=		6. Election Campaign Financing	_		🕽 May Be
[23]			28			Carrate			Trust Fund Contribution			to Fees
⊢ , ′	Zip Country		Zip			Country			8. This corporation owes or has			
9. Name and Address of Curren			29	120					Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
150	AGUE, ANDREA		it neglatered	Agent		81	1 Name	e	10. Name and Address of New I	registeret	1 Agent	
1	2 n.e. 35th St Rt Lauderdai					Stree	t Addres	ress (P.O. Box Number is Not Acceptable)				
FU	RI LAUDERDAL	E FL 33334				83	-					
						84	City			FI	85 Zip	Code
11 Pursuant	to the provisions	of Sections 607.050	2 and 607,15	08. Florida Statt	ites, the	J abov	/e-name	d corpor	ration submits this statement for the	numose	of changing	its realstere
office or r	egistered agent.	or both, in the State	of Florida. Su	ch change was	authoriz	ed b	y the co	rporatio	ration submits this statement for the n's board of directors. I hereby acc	ept the ar	pointment a	s registered
1	m ramıllar wiln, ar	nd accept the oblig	ations of, Sect	100 607.0505, F	iorida Si	atute	es.					
SIGNATURE	Signature, typed or prin	ted name of registered age	ent and title if applic	able. (NC	TE. Register	ed Aa	ent signatu	re required	when reinstating)	DATE		
12.		OFFICERS AN			13.				ADDITIONS/CHANGES TO OFF	ICERS AN	ID DIRECTO	RS IN 12
TITLE	D		DELETE		1.1	1.1 TITLE					☐ Change	Addition
NAME LEAGUE, ANDREA J				1,			1,2 NAME					
STREET ADDRESS 552 N.E. 35TH STREET						1.3 STREET ADDRESS		;				
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954-565-6061