

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S44190 (4)

1. Corporation Name
DIVERSIFIED CABLE, INC.

Principal Place of Business Mailing Address
P.O. BOX 312 P.O. BOX 312
CLARCONA FL 32710 CLARCONA FL 32710

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/08/1991** 3a. Date of Last Report **06/27/1994**

4. FEI Number **APPLIED FOR 59-3244798** Applied For Not Applicable

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

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 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORSE, KENNETH D
501 NORTH MAGNOLIA AVENUE, SUITE A
ORLANDO FL 32801**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

NOTE: Registered Agent signature required when re-registering

DATE

4/7/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE NAME STREET ADDRESS CITY - ST - ZIP
P ZEBROWSKY, JEROME
6900 MARYLAND AVENUE
GROVELAND FL 34738

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP
61 TITLE 62 NAME 63 STREET ADDRESS 64 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)(b), 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 in an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 (107) 884-8082
DATE FILE NUMBER