

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S60342 (0)

1. Corporation Name
ALLTECH CABLE TV, INC.



Principal Place of Business: **5065 HOMOSSA TRAIL LECANTA FL 34461 US**
Mailing Address: **517 MARKET STREET OSAGE CITY KS 66523**

3. Date Incorporated or Qualified: **06/17/1991** 3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-3081439** 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: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** **517 Market Street** Suite, Apt. #, etc.: **27** **P.O. Box 252** City & State: **28** **Osage City, Ks.** Zip: **29** **66523** Country: **30**

9. Name and Address of Current Registered Agent

**CHARLES E. PELLICER, ESQ.
28 CORDOVA ST.
ST. AUGUSTINE FL 32084**

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

Signature of Present or Proposed Registered Agent or Director (Applicable)

(Print) Registered Agent's name (required when making change)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JOBE, RICHARD	
STREET ADDRESS	280 S. CEDAR WOOD	
CITY - ST - ZIP	INVERNESS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PAUL MCPHERSON	
STREET ADDRESS	4636 E. DOESKIN LP	
CITY - ST - ZIP	INVERNESS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LINDA K. GETSINGER	
STREET ADDRESS	24 MARTINWOOD DRIVE	
CITY - ST - ZIP	OSAGE CITY KS	
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. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	INVERNESS, FL 34451
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	INVERNESS, FL 34452
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	OSAGE CITY, KS 66523
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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*****225.00**

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 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.

SIGNATURE: *Sandra J. Getsinger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-96

(913) 548-4705

CR2E034 (12/95)