

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 12: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 624512

(0)

1. Corporation Name

OCEAN REEF CABLEVISION, INC.

Principal Place of Business

P.O. BOX 140717
CORAL GABLES FL 33114

Mailing Address

P.O. BOX 140717
CORAL GABLES FL 33114

P.O. BOX 820716
SO. FLA., FL 33082-0716

P.O. BOX 820716
SOUTH FLORIDA, FL 33082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1979

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1926965

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.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARDNER, FRANK C
3200 SW 116 AVE
DAVIE FL 33330

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 (Typed or printed name of registered agent, if different from above)

Signature (Typed or printed name of registered agent, if different from above)

(X11)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	PD GARDNER, FRANK C.	3200 SW 116 AVE	DAVIE FL
	D DRISCOLL, W. JOHN	2100 1ST NATL BANK BLDG.	ST. PAUL MN
	S FITZGERALD, LUCETTE L	541 SW 178 WAY	PEMBROKE PINES FL

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY, ST, ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY, ST, ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY, ST, ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY, ST, ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 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 responsible 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

4/19/95

305 4734885