

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F39486

1. Corporation Name

SOUTH ATLANTIC CABLE COMPANY

Principal Place of Business Mailing Address
2741 W. 81 ST SAME
Hialeah, FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/03/81 3a. Date of Last Report

4. FEI Number \$9-2098532 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 § 199.032, Florida Statutes Yes No

2. Principal Place of Business 21 2741 W. 81 ST 2a. Mailing Address 26 2741 W. 81 ST

Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27

City & State 23 Hialeah FL 28 Hialeah FL

Zip 24 33016 Country 25 Zip 29 33016 Country 30

9. Name and Address of Current Registered Agent

David L. Williams
7400 Eaton St
Hollywood, FL 33016

10. Name and Address of New Registered Agent

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 607.0503, Florida Statutes.

SIGNATURE David L. Williams President

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when mandating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE President
NAME David L. Williams
STREET ADDRESS 7400 Eaton St
CITY, ST, ZIP Hollywood, FL 33016

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
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NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual reports 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 as an attachment with an address.

SIGNATURE:

(Signature, typed or printed name of signing officer or director)

Date

(Signature)