

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

FILED  
Apr 29 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # F83388

(1)

1. Corporation Name  
CABER SYSTEMS, INC.

Principal Place of Business  
12205 SW 132 COURT  
MIAMI FL 33186

Mailing Address *misspelled*  
10 N. AHWAHNEE ROAD  
LAKE FOREST IL 60045  
*misspelled*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1982

4. FEI Number

59-2057241

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 10 N. AHWAHNEE ROAD

Suite, Apt. #, etc.

27 City & State

28 LAKE FOREST, IL

29 Zip Country

30 60045

9. Name and Address of Current Registered Agent

TERPENING, ROBERT  
8181 SW 189 STREET  
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name

THOMAS MORANTE

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

JORDAN, BURT, BERANSON

83

777 BRICKELL AVENUE SUITE 500

84 City

Miami

FL

85 Zip Code

33131

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

Thomas D. Morante

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

(NOTE: Registered Agent signature required when reappointing)

April 20, 1998

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
EVANS, RICHARD L  
10 N. AHWAHNEE ROAD  
MIAMI FL 60045

1.2 NAME ☐ DELETE

1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
D  
EVANS, RICHARD L  
10 N. AHWAHNEE ROAD  
MIAMI FL 60045

2.1 TITLE ☐ DELETE

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ DELETE

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ DELETE

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS

1.4 CITY-ST-ZIP LAKE FOREST, IL 60045

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS

2.4 CITY-ST-ZIP LAKE FOREST, IL 60045

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Richard L Evans RICHARD L EVANS 4/18/98 (847) 735-9089

CR2E034 (10/97)