

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

0519974

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

FEB -1 PM 12:17

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F94000002462

1. Corporation Name
MICH-COM CABLE SERVICES INCORPORATED

Principal Place of Business
**5534 S. KANNER HWY.
STUART FL 34997**

Mailing Address
**5534 S. KANNER HWY.
STUART FL 34997**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/12/1994

4. FEI Number
38-2781181 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 the current year Intangible Personal Property Tax. 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

**MERCURIO, WILLIAM
2240 PALM BEACH LAKES BLVD
STE 100
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81 Name

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

83 **200002765502--4**

84 City **-02/05/99--01015--005**
******167.FL ****187:50**

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 and title if applicable (NOTE: Registered Agent's signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	
NAME	BONADEO, LARRY	
STREET ADDRESS	5534 S. KANNER HWY.	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE	P/D		
12 NAME	Bonadeo, Larry		
13 STREET ADDRESS	5534 S. Kanner Hwy.		
14 CITY-ST-ZIP	Stuart, FL 34997		
21 TITLE	V		<input checked="" type="checkbox"/> Addition
22 NAME	Leslie F. Smith		
23 STREET ADDRESS	5534 S. Kanner Hwy.		
24 CITY-ST-ZIP	Stuart, FL 34997		
31 TITLE	T/S		<input checked="" type="checkbox"/> Addition
32 NAME	Debra J. Stingley		
33 STREET ADDRESS	5534 S. Kanner Hwy.		
34 CITY-ST-ZIP	Stuart, FL 34997		
41 TITLE	V/C		<input checked="" type="checkbox"/> Addition
42 NAME	William J. Mercurio		
43 STREET ADDRESS	1401 Forum Way, Suite 400		
44 CITY-ST-ZIP	West Palm Beach, FL 33401		
51 TITLE	D		<input checked="" type="checkbox"/> Addition
52 NAME	Douglas F. Berman		
53 STREET ADDRESS	1401 Forum Way, Suite 400		
54 CITY-ST-ZIP	West Palm Beach, FL 33401		
61 TITLE	V		<input checked="" type="checkbox"/> Addition
62 NAME	Joseph P. Powers		
63 STREET ADDRESS	1401 Forum Way, Suite 400		
64 CITY-ST-ZIP	West Palm Beach, FL 33401		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) 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, with all other like empowered

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99 561-283-3199
Daytime Phone #

CR2E034 (1/98)

2



Date: January 28, 1998

To: Annual Reports Filings
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

From: Larry Bonadeo, President
Mich-Com Cable Services, Inc.

Re: Additional Officers

In addition to the additions and changes listed on the annual report form, please add the following officers for Mich-Com Cable Services, Inc.

V	S
Robert J. Garrett	Rosemarie Mulholland
1401 Forum Way, Suite 400	1401 Forum Way, Suite 400
West Palm Beach, FL 33401	West Palm Beach, FL 33401

Please forward two (2) original certificate of status. Payment is enclosed for \$8.75 each.

If you have any questions please contact me at 561-283-5499.

A large, stylized handwritten signature in black ink, likely belonging to Larry Bonadeo, the President of Mich-Com Cable Services, Inc. The signature is written in a cursive style with a prominent loop at the end.