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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F94000003167 (3)**

1. Corporation Name
CABLE HEALTHCARE HOLDING, INC.

Principal Place of Business	Mailing Address
4030 BRAKER LANE W., #175 AUSTIN TX 78759	4030 BRAKER LANE W., #175 AUSTIN TX 78759

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/16/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **74-2710152** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	☑ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☑ Addition
NAME	JASPER, NORMAN M.		1.2 NAME	N. HOLLAND BROWN	
STREET ADDRESS	4030 BRAKER LANE WEST 175		1.3 STREET ADDRESS	4030 BRAKER LANE WEST 175	
CITY-ST-ZIP	AUSTIN TX		1.4 CITY-ST-ZIP	AUSTIN, TX 78759	
TITLE	S	☑ DELETE	2.1 TITLE		☐ Change ☑ Addition
NAME	HEDRICK, JOHN R		2.2 NAME	Michelle B. Thompson	
STREET ADDRESS	4030 BRAKER LANE W., #175		2.3 STREET ADDRESS	4030 BRAKER LANE WEST #175	
CITY-ST-ZIP	AUSTIN TX		2.4 CITY-ST-ZIP	AUSTIN, TX 78759	
TITLE	SP	☑ DELETE	3.1 TITLE	CEO	☐ Change ☑ Addition
NAME	STEVEN, FIELDS W.		3.2 NAME	HERBERT Y. WONG	
STREET ADDRESS	4030 BRAKER LANE W., #175		3.3 STREET ADDRESS	4030 BRAKER LANE WEST #175	
CITY-ST-ZIP	AUSTIN TX		3.4 CITY-ST-ZIP	AUSTIN, TX 78759	
TITLE	SV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHERMAN, MARK C		4.2 NAME		
STREET ADDRESS	4030 BRAKER LANE W., #175		4.3 STREET ADDRESS		
CITY-ST-ZIP	AUSTIN TX 78759		4.4 CITY-ST-ZIP		
TITLE	VPT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JONKERS, RANDALL G.		5.2 NAME		
STREET ADDRESS	4030 BRAKER LANE WEST 175		5.3 STREET ADDRESS		
CITY-ST-ZIP	AUSTIN TX		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 _____