

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000001038 (7)

1. Corporation Name

ANTEC INTERNATIONAL LIMITED COMPANY



Principal Place of Business

141 5TH ST., N.W., #100
WINTER HAVEN FL 33811

Mailing Address

141 5TH ST., N.W., #100
WINTER HAVEN FL 33811

2. Principal Place of Business

2a. Mailing Address

21 1774 Abbots Hill Drive

26 1774 Abbots Hill Drive

State, Apt. #, etc.

State, Apt. #, etc.

22 City & State

27 City & State

23 Orlando, Florida

28 Orlando, Florida

24 Zip

25 Country

29 Zip

30 Country

32835

USA

32835

USA

9. Name and Address of Current Registered Agent

GOVONI, BRIAN R
141 5TH ST., N.W., #100
WINTER HAVEN FL 33881

3. Date Incorporated or Qualified

03/03/1995

3a. Date of Last Report

N/A

4. FET Number

APPLIED FOR 59-3296425

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

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 607.0505, Florida Statutes.

SIGNATURE

Signature of the registered agent or the corporation

Signature of the Registered Agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

12.1	NAME	C	AUCHINCLOSS, THOMAS R SR.	☐ DELETE
12.2	STREET ADDRESS		THE GRANGE STANNINGFIELD, BURY	
12.3	CITY-STATE-ZIP		ST EDMUNDS SUFFOLK ENGLAND	
12.4	TITLE		CCOO	
12.5	NAME		AUCHINCLOSS, THOMAS R JR.	☐ DELETE
12.6	STREET ADDRESS		MALTINGS FARM SHIMPLING, BURY	
12.7	CITY-STATE-ZIP		ST EDMUNDS SUFFOLK ENGLAND	
12.8	TITLE		SD	
12.9	NAME		HAMEOER, JEANETTE	☐ DELETE
12.10	STREET ADDRESS		EXCELSIORSTRASSE 3, AUGSDORF	
12.11	CITY-STATE-ZIP		9220 VELDEN AUSTRIA	
12.12	TITLE		D	
12.13	NAME		AUCHINCLOSS, RICHARD F	☐ DELETE
12.14	STREET ADDRESS		THE BUNGALOW, MALTINGS FARM, SHIMPLING	
12.15	CITY-STATE-ZIP		BURY ST EDMUNDS SUFFOLK ENG.	
12.16	TITLE		D	
12.17	NAME		CRAGG, STEPHEN R	☐ DELETE
12.18	STREET ADDRESS		HAUGHLEY, SUDBURY ROAD, LAVENHAM	
12.19	CITY-STATE-ZIP		SUDBURY, SUFFOLK ENGLAND	
12.20	TITLE			☐ DELETE
12.21	NAME			
12.22	STREET ADDRESS			
12.23	CITY-STATE-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	☐ Change ☐ Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY-STATE-ZIP	
13.5	TITLE	☐ Change ☐ Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY-STATE-ZIP	
13.9	TITLE	☒ Change ☐ Addition
13.10	NAME	Hameder
13.11	STREET ADDRESS	
13.12	CITY-STATE-ZIP	
13.13	TITLE	☐ Change ☐ Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY-STATE-ZIP	
13.17	TITLE	☐ Change ☐ Addition
13.18	NAME	
13.19	STREET ADDRESS	
13.20	CITY-STATE-ZIP	
13.21	TITLE	☐ Change ☐ Addition
13.22	NAME	
13.23	STREET ADDRESS	
13.24	CITY-STATE-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)(k), 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 the agent, or on an attachment with an address.

SIGNATURE: X *Thomas R. Auchincloss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. R. Auchincloss, CNP

X 5-2-96, X 941-294-5925

Date

Exhibit Page #

CR2E034 (12/95)