

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

FILED

Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000001038 (7)

1. Corporation Name
ANTEC INTERNATIONAL LIMITED COMPANY

Principal Place of Business

**1774 ABBOTS HILL DRIVE
ORLANDO FL 32835
US**

Mailing Address

**1774 ABBOTS HILL DRIVE
ORLANDO FL 32835-6146
US**



2. Principal Place of Business 21 7635 Ashley Park Court Suite, Apt. #, etc. 22 Suite 503 F&G City & State 23 Orlando, Florida Zip Country 24 32835 25 USA		2a. Mailing Address 26 7635 Ashley Park Court Suite, Apt. #, etc. 27 Suite 503 F&G City & State 28 Orlando, Florida Zip Country 29 32835 30 USA		3. Date Incorporated or Qualified 03/03/1995	3a. Date of Last Report 02/14/1996
4. FEI Number 59-3296425		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent GOVONI, BRIAN R 141 5TH ST., N.W., #100 WINTER HAVEN FL 33881			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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUCHINCLOSS, THOMAS R SR.	1.2 NAME	
STREET ADDRESS	THE GRANGE STANNINGFIELD, BURY	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST EDMUNDS SUFFOLK ENGLAND	1.4 CITY - ST - ZIP	
TITLE	CCEO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUCHINCLOSS, THOMAS R JR.	2.2 NAME	
STREET ADDRESS	MALTINGS FARM SHIMPLING, BURY	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST EDMUNDS SUFFOLK ENGLAND	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMEDER, JEANETTE	3.2 NAME	
STREET ADDRESS	EXCELSIORSTRASSE 3, AUGSDORF	3.3 STREET ADDRESS	
CITY - ST - ZIP	9220 VELDEN AUSTRIA	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUCHINCLOSS, RICHARD F	4.2 NAME	
STREET ADDRESS	THE BUNGALOW, MALTINGS FARM, SHIMPLING	4.3 STREET ADDRESS	
CITY - ST - ZIP	BURY ST EDMUNDS SUFFOLK ENG.	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAGG, STEPHEN R	5.2 NAME	
STREET ADDRESS	HAUGHLEY, SUDBURY ROAD, LAVENHAM	5.3 STREET ADDRESS	
CITY - ST - ZIP	SUDBURY, SUFFOLK ENGLAND	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 officer 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:  **T.R. AUCHINCLOSS SR.** **3/2/97** **+141284827018**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)