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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500001038

1. Corporation Name

ANTEC INTERNATIONAL LIMITED COMPANY									
Principal Place	of Rusiness	Mailing Address			[[000] [000 TILLO 10100 00101 00101 00101	il Obili Odlik Kalti di		1199 11561 1911 1961	
7635 ASHLEY PARK COURT 7635 ASHLEY PARK COURT SUITE 503.J SUITE 503.J									
ORLANDO FL 32835 ORLANDO FL 33835						DO NOT WRITE IN THIS SPACE			
us us					3. Date Incorporated or Quali	fed -			
l On Marin Address					03/03/1995 4. FEI Number		$\neg \neg$	Applied For	
2. Principal Place of Business 2a. Mailing Address				59-3296425		Not Applicable			
(-·)		Suite, Apt. #, etc.					\$8.75 Additional		
					5. Certifcate of Status Desired	d \square		Required	
22 27 City & State City & State					6. Election Campaign Financi	ina –	\$5.0	00 May Be	
23 28		⊢ ′			Trust Fund Contribution	"" ⁹ 🗆		ed to Fees	
Zip	Zip Country Zip _		Country		8. This corporation owes the	current year Inta	ngible		
24	25	29 30	<u>.</u>		Personal Property Tax.		☐ Yes _	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of Ne	w Registered A	gent		
COV	ON DOIAN D		81	1 Name					
GOVONI, BRIAN R			82	2 Street	Address (P.O. Box Number is Not Acc	eptable)			
141 5TH ST., N.W., #100 WINTER HAVEN FL 33881			0.						
AAIIA	EN HAVEN FL 33001		83	3					
			84	4 City		FL	85 Z	ip Code	
		1 207 4500 Eteride Statutes	*F = abou	- samed	cration submits this statement for	the ournose of o	hanging	ite registered	
l office or re	egistered agent, or both, in the State of	f Florida. Such change was auth	norizea by	y the corpo	corporation submits this statement for oration's board of directors. I hereby a	ccept the appoin	tment as	registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida				S.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if annimable (NOTE: Re	enistered Aq	ent signature (required when reinstating)	DATE			
12.	OFFICERS AND		13.	ant organization	ADDITIONS/CHANGES TO		DIREC	TORS IN 12	
TITLE	C	☐ DELETE	1,1 TITLE				Chang	ge Addition	
NAME	<u> </u>								
STREET ADDRESS	THE COLLIGE OF ABUILDING DUDY			ET ADDRESS					
CITY-ST-ZIP	ST EDMUNDS SUFFOLK ENGLAND			ST-ZIP					
TITLE			2.1 TITLE				Chang	ge Addition	
NAME	AUCHINCLOSS, THOMAS R JR.			:		-			
STREET ADDRESS	THE THE PARTY OF T			ET ADDRESS					
CITY-ST-ZIP	ST EDMUNDS SUFFOLK ENGLAND			-ST-ZIP				- A 1 196	
TITLE	SD DELETE		3.1 TITLE				☐ Chang	ge 🗌 Addition	
NAME	HAMEDER, JEANETTE		3.2 NAME	i					
STREET ADDRESS	EXCELSIORSTRASSE 3, AUGSD	ORF	3.3 STREE	ET ADDRESS					
CITY-ST-ZIP	9220 VELDEN AUSTRIA		3.4. CITY-				Chad	🗀 Addition	
TITLE	D	☐ DELETE	4.1 TITLE				☐ Chang	ge 🗀 Addition	
NAME	AUCHINCLOSS, RICHARD F		4. 2 NAME		1				
STREET ADDRESS	THE BUNGALOW, MALTINGS F			ET ADDRESS					
CITY-ST-ZIP	BURY ST EDMUNDS SUFFOLK		4.4 CITY-				☐ Chang	ge Addition	
TITLE			5.1 TITLE 5.2 NAME				U Ollan	in Manner	
NAME	CRAGG, STEPHEN R	. 41/24111444		ET ADDRESS					
STREET ADDRESS	HAUGHLEY, SUDBURY ROAD, I		5.4 CITY-						
CITY-ST-ZIP	SUDBURY, SUFFOLK ENGLAND	DELETE	6.1 TITLE		DIRECTOR		™ Chang	ge Addition	
TITLE	GM Grezzi, Gerardo		6.2 NAME		GERARDO GREZZI				
NAME	6454 RIDGEBURY DRIVE			ET ADDRESS					
STREET ADDRESS	DADA UIDOEDOUS DUISE				the state of the s				

ORLANDO, FL 32819 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ORLANDO FL 32819

OFFICER OR DIRECTOR

407-290 1127

Daytime Phone #