

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

FILED

Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G94830** (8)
1. Corporation Name
CABLE USA INC.



Principal Place of Business 2584 S. HORSESHOE DR. NAPLES FL 34104	Mailing Address 2584 S. HORSESHOE DR. NAPLES FL 34104
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2584 S. Horseshoe Drive Suite, Apt. #, etc.		2a. Mailing Address 26 SAME Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/10/1984	
22 City & State 23 Naples, FL		27 City & State		4. FEI Number 59-2398272 Applied For Not Applicable	
24 Zip 34104		25 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 Zip 34104		27 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 Zip 34104		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MILLIKEN, BRUCE C. 2584 S. HORSESHOE DR. COLLIER PARK OF COMMERCE NAPLES FL 33942		10. Name and Address of New Registered Agent 81 Name The Prentice-Hall Corporation System, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street 83 84 City Tallahassee, FL 85 Zip Code 32301	
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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 **On file, with the State of Florida** *Patricia Fox* **4-8-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVID G. McDONALD 1083 WHITEHART CT., PO 1544 MARCO ISLAND FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Chairman - Director Robert A. Pritzker. 225 West Washington Street Chicago, IL 60606-3418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CONNELL, M.W. 801 LAUREL OAK DR #620 NAPLES FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	President, General Manager Bruce C. Milliken 2584 South Horseshoe Drive Naples, FL 34104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, PATRICIA 8 MILL RACE STREET NORTH WILLIAMSVILLE NY <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Vice President/Director Henry J. West 225 West Washington Street Chicago, IL 60606-3418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS MILLAN, ESTEBAN AM 24585 PARADISE RD SE BONITA SPRINGS FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	V.P. Treasurer/Director R.C. Gluth 225 West Washinton Street Chicago, IL 60606-3418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BREZOVSKY, PAUL 2103 MISSION DRIVE NAPLES FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Secretary, General Cns1 Robert W. Webb 225 West Washington Street Chicago, IL 60606-3418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MILLIKEN, BRUCE 2584 SO HORSESHOE DR NAPLES FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	CFO Esteban Millan 2584 South Horseshoe Drive Naples, FL 34104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Patricia Fox*

CR2E034 (10/97)