

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 # H35251 (8)

1. Corporation Name

CUSTOM CABLE OF ORLANDO, INC.



Principal Place of Business

2221 LEE RD., STE. B
WINTER PARK FL 32789

Mailing Address

3221 CHERRY PALM DR.
TAMPA FL 33619
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/19/1984

3a. Date of Last Report

04/18/1995

4. FEI Number

59-2477251

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FULTZ, MARGARETH E.
3221 CHERRY PALM DR.
TAMPA FL 33619

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, typed or printed name of registered agent and title, if applicable

DATE Registered Agent's signature required when filing

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME WATSON, RICHARD N.
STREET ADDRESS 3221 CHERRY PALM DRIVE
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE DV
NAME LUACES, RENE
STREET ADDRESS 3221 CHERRY PALM DRIVE
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE DCS
NAME ANDERSON, PAUL
STREET ADDRESS 3221 CHERRY PALM DRIVE
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE S
NAME KRAIN, JOHN
STREET ADDRESS 2221 LEE ROAD, #8
CITY-ST-ZIP WINTER PARK FL ☒ DELETE

TITLE DV
NAME WEIMER, STEVEN
STREET ADDRESS 3221 CHERRY PALM DR.
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL ANDERSON

04/25/94

013-623-2232

Daytime Phone #

CR2E034 (12/95)