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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J79969

(8)

WASHINGTON CABLE TV, INC.

FILED						
May 21 1998 8:00am						
Secretary of State						



Principal Place of Business Mailing Address						
1		10711 SW 216 ST				
STE 100	19A	STE 100		DO NOT WRITE	IN THIS SPACE	
MIAMI FL 331	170	MIAMI FL 33170 US		3. Date Incorporated or Qualified	IN THIS SPACE	
		••		06/26/1987		
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2822267	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State	Δ	City & State			Fee Required	
23	•	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	This corporation owes or has pa		
24	25		30	Personal Property Tax due June	- 1	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
	RMANOWSKI, JOAN A.		81 Nam	e		
	711 S W 216 ST		82 Stree	et Address (P.O. Box Number is Not Acceptab	ile)	
1	E 100 Ami FL 33170		83			
""	Anii 1 E 33170			44		
			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. Lar	egi ster ed agent, or both, in the State m <mark>famili</mark> ar with, and accept the oblig	e of Fioridal Such change was a lations of, Section 607,0505, Flo	iutnorized by the co irida Statutes.	orporation's board of directors. I hereby accep	it the appointment as registered	
SIGNATURE			·			
12.	Signature, lyped or printed name of registered agr OFFICERS AN	nut and title if applicabile (NOTE ID DIRECTORS	Registered Agent signatu	ure required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE PERS AND DIRECTORS IN 12	
TITLE	\$	DELETE	1.1 TITLE	ADDITIONATION AND CONTROL	Change Addition	
NAME	HERMANOWSKI, JOAN A.		1.2 NAME			
STREET ADDRESS	\$845 COLLINS AVE #406		1.3 STREET ADDRESS	s		
CITY-ST-ZIP	MIAMI BCH FL		1.4 CITY - ST - ZIP			
TITLE	PD	DELETE	2.1 TITLE		Change Addition	
NAME DESCRIPTION	HERMANOWSKI, CHARLES (5845 COLLINS AVE #406	Ú.	2.2 NAME			
STREET ADDRESS CITY-ST-ZIP	MIAMI BCH FL		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP	S		
TITLE	VD	DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	HERMANOWSKI, CHARLES A	٩.	3.2 NAME			
STREET ADDRESS	5845 COLLINS AVE #406		3.3 STREET ADDRESS	3		
CITY-ST-ZIP	MIAMI BCH FL		3.4. CITY-ST-ZIP			
TITLE	HENCLEY DIOY	DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	HENSLEY, RICK 9533 SW 148 AVE., CIR.E		4. 2 NAME			
CITY-ST-ZIP	MIAMI FL		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE	D	DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME	KASSOVER, JEAN A.		5.2 NAME		. —	
STREET ADDRESS	4801 LAKEVIEW DR		5.3 STREET ADDRESS	s [
CITY-ST-ZIP	MIAMI BEACH FL	——————————————————————————————————————	54 CITY-ST-ZIP			
TITLE		DELETE	6 1 TITLE		Change Addition	
NAME CONCEY ADDRESS			6.2 NAME			
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS	i		
	ertify that the information supplied w	ith this filing does not qualify fo	f the exemption sta	Led 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.