

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90048 014 ***150.00

DOCUMENT # **J79969**

1. Corporation Name

WASHINGTON CABLE TV, INC.

Principal Place of Business

10711 SW 216 ST
STE 100
MIAMI FL 33170
US

Mailing Address

10711 SW 216 ST
STE 100
MIAMI FL 33170
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1987

4. FEI Number

59-2822267

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 PO BOX 859

27 Suite, Apt. #, etc.

28 City & State

MIAMI FL

29 Zip Country

33197

9. Name and Address of Current Registered Agent

HERMANOWSKI, JOAN A.
10711 SW 216 ST
STE 100
MIAMI FL 33170

10. Name and Address of New Registered Agent

81 Name
JOAN A HERMANOWSKI
82 Street Address (P.O. Box Number is Not Acceptable)
10735 SW 216 STREET
83 SUITE B130
84 City
MIAMI FL 85 Zip Code
33170

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HERMANOWSKI, JOAN A.
5845 COLLINS AVE #406
MIAMI BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HERMANOWSKI, CHARLES C.
5845 COLLINS AVE #406
MIAMI BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HERMANOWSKI, CHARLES A.
5845 COLLINS AVE #406
MIAMI BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HENSLEY, RICK
9533 SW 148 AVE., CIR E
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KASSOVER, JEAN A.
4801 LAKEVIEW DR
MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition
VD
CHARLES A HERMANOWSKI
8298 BRIDLE PATH
BOCA RATON FL 33496

☐ Change ☐ Addition

☐ Change ☒ Addition
D
KIM E HERMANOWSKI
4801 LAKEVIEW DRIVE
MIAMI BEACH FL 33140

☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Joan A. Hermanowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAN A HERMANOWSKI

3/1/99

305/256-6844

Date

Daytime Phone #

CR2E034 (1/98)