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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J85715

1. Corporation Name

LAURENDI INC.

Principal Place of Business	Mailing Address
KEY BISCAYNE CABLEVISION 945 CRANDEN BLVD. KEY BISCAYNE, FLA. 33149	553 MEADOWBROOK DR. LEWISTON, N.Y.

3. Date Incorporated or Qualified: 8/5/1987
3a. Date of Last Report: 2/1/96

2. Principal Place of Business
21: 945 CRANDEN BLV.
22 Suite, Apt. #, etc.:
23 City & State: KEY BISCAYNE, FLA
24 Zip: 33149
25 Country: U.S.A.

2a. Mailing Address
26: 553 MEADOWBROOK DR
27 Suite, Apt. #, etc.:
28 City & State: LEWISTON N.Y
29 Zip: 14092
30 Country: U.S.A.

4. FEI Number: 65-0004613 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$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 [X] No

9. Name and Address of Current Registered Agent

VINCENT LAURENDI SR
~~553 MEADOWBROOK DR~~
~~LEWISTON N.Y. 14092~~
945 CRANDEN BLVD.
KEY BISCAYNE, FLA. 33149

10. Name and Address of New Registered Agent

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: X Vincent Laurendi Sr. 2/24/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	[ ] DELETE	11 TITLE		[ ] Change [ ] Addition
NAME	VINCENT LAURENDI SR.		12 NAME		
STREET ADDRESS	553 MEADOWBROOK DR		13 STREET ADDRESS		
CITY-ST-ZIP	LEWISTON N.Y. 14092		14 CITY-ST-ZIP		
TITLE		[ ] DELETE	21 TITLE		[ ] Change [ ] Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		[ ] DELETE	31 TITLE		[ ] Change [ ] Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		[ ] DELETE	41 TITLE		[ ] Change [ ] Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		[ ] DELETE	51 TITLE		[ ] Change [ ] Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP	300002125433	
TITLE		[ ] DELETE	61 TITLE	-03/27/97--01001--034	[ ] Change [ ] Addition
NAME			62 NAME	***173.75	
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: X Vincent Laurendi Sr. PRES. 2/24/97 954-922-5426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #