

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

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Apr 18 1997 8:00am  
Secretary of State

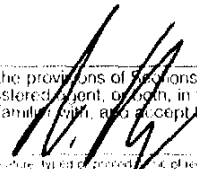
PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J88199** (1)

1. Corporation Name  
**W.T. WIRE & CABLE, INC.**

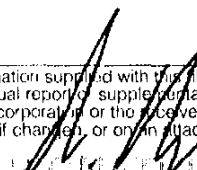
Principal Place of Business <b>1535 N COGSWELL ST #A8 C/O WILLIE C THARPE ROCKLEDGE FL 32955</b>	Mailing Address <b>1535 N COGSWELL ST #A8 C/O WILLIE C THARPE ROCKLEDGE FL 32955-2739</b>
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2. Principal Place of Business 21 <b>2633 Horseshoe Ct.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>2633 Horseshoe Ct.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>08/19/1987</b>	3a. Date of Last Report <b>12/29/1995</b>
22 City & State 23 <b>Cocoa, FL</b>		27 City & State 28 <b>Cocoa, FL</b>		4. FEI Number <b>59-2872281</b>	Applied For Not Applicable
24 <b>32926</b>	25 <b>USA</b>	29 <b>32926</b>	30 <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
9. Name and Address of Current Registered Agent <b>THARPE, WILLIE C. 982 PINELAND DRIVE ROCKLEDGE FL 32955</b>				10. Name and Address of New Registered Agent	
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.				81 Name <b>Tharpe, Willie C.</b>	
SIGNATURE  <b>CEO</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>2633 Horseshoe Ct.</b>	
				83	
				84 City <b>Cocoa</b>	
				85 Zip Code <b>FL 32926</b>	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST-ZIP	<b>CEO THARPE, WILLIE C. 982 PINELAND DRIVE ROCKLEDGE FL 32955</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>CEO Tharpe, Willie C. 2633 Horseshoe Ct. Cocoa, FL 32926</b>
TITLE NAME STREET ADDRESS CITY, ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/14/1997** (407) 639-1640

Daytime Phone #

CR2E034 (9/96)