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 # **J98748** **(3)**

1. Corporation Name

CABLE CRAFT, INC.

Principal Place of Business	Mailing Address
1423 SE 16TH PLACE #105 CAPE CORAL FL 33990	1423 SE 16TH PLACE #105 CAPE CORAL FL 33990

3. Date Incorporated or Qualified: **10/21/1987**	3a. Date of Last Report: **04/10/1995**
4. FEI Number: **65-0011414**	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SHEER, JACK M.
15620 GREENOCK LANE
FT MYERS FL 33912

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. [NOTE: Registered Agent signature required when reinstating]

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	SHEER, JACK M.		1.2 NAME	SHEER, JACK. M	
STREET ADDRESS	15620 GREENOCK LANE		1.3 STREET ADDRESS	15620 GREENOCK LANE	
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP	FT MYERS, FL	
TITLE	STD	☐ DELETE	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	LUALLEN, DAN JR.		2.2 NAME	LUALLEN, DANIEL JR	
STREET ADDRESS	610 VICTORIA DR A-202		2.3 STREET ADDRESS	610 VICTORIA DR	
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP	CAPE CORAL, FLA	
TITLE		☐ DELETE	3.1 TITLE	STD	☐ Change ☒ Addition
NAME			3.2 NAME	ROSSMAN, DENNIS	
STREET ADDRESS			3.3 STREET ADDRESS	2323 DEL PRADO BLVD STE 13	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	CAPE CORAL, FLA	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME			4.2 NAME	RANDLETT, H. RAY	
STREET ADDRESS			4.3 STREET ADDRESS	2323 DEL PRADO BLVD STE 13	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	CAPE CORAL FLA	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: DANIEL LUALLEN JR 1-15-96 9417729521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #