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Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **K31416** (6)
1. Corporation Name
CABLE LP I, INC.



Principal Place of Business: **%DENNIS P. COYLE
700 UNIVERSE BLVD.
JUNO BEACH FL 33408**
Mailing Address: **%DENNIS P. COYLE
700 UNIVERSE BLVD.
JUNO BEACH FL 33408-2657**

3. Date Incorporated or Qualified: **08/19/1988** 3a. Date of Last Report: **03/12/1996**
4. FEI Number: **65-0073874** 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: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**LEON, J E
9250 W FLAGLER ST
MIAMI FL 33174**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: **T** DELETE
NAME: **SAMIL, D.L.**
STREET ADDRESS: **700 UNIVERSE BLVD.**
CITY - ST - ZIP: **JUNO BEACH FL**
TITLE: **DPS** DELETE
NAME: **COYLE, D P**
STREET ADDRESS: **700 UNIVERSE BLVD**
CITY - ST - ZIP: **JUNO BCH FL**
TITLE: **DV** DELETE
NAME: **GELBER, LESLIE J.**
STREET ADDRESS: **11760 US HWY ONE #600**
CITY - ST - ZIP: **NORTH PALM BEACH FL**
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY - ST - ZIP: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 included in 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 Book 12, Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Dennis P. Coyle** 03/06/97 (561) 694-4644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)