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Apr 15 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 # **M68076** (2)
1. Corporation Name
EXCEL CABLE CONSTRUCTION, INC.

Principal Place of Business
**1189 COASTAL LANE WEST
JACKSONVILLE FL 32258
US**

Mailing Address
**% MICHAEL N. SCHNEIDER
4215 SOUTHPOINT BLVD. STE. 100
JACKSONVILLE FL 32216-0999**



2. Principal Place of Business Dr.		2a. Mailing Address		3. Date Incorporated or Qualified 02/12/1988	3a. Date of Last Report 05/01/1996
21 1189 Cunningham Creek		26		4. FEI Number 59-2871649	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Jacksonville, FL		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 32259		25 US		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL N. 4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE FL 32216		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACK, FRANK	1.2 NAME	
STREET ADDRESS	2458 DEL COURT	1.3 STREET ADDRESS	2545 Park Dr., Lot 99
CITY - ST - ZIP	DAYTON OH	1.4 CITY - ST - ZIP	Sanford, FL 32773
TITLE	DPST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAI, DAVID	2.2 NAME	
STREET ADDRESS	1189 COASTAL LANE WEST	2.3 STREET ADDRESS	1189 Cunningham Creek Dr.
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	Jacksonville, FL 32259
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 for or on an attachment with an address.

SIGNATURE: _____ 3/24/97 904-287-8949
Date Daytime Phone

CR2E034 (9/96)