FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 9:53

DOCUMENT # M85898 (8)

1. Corporation Name
CABLE SCIENCE CORPORATION

Principal Place of Business
% MARVIN W. LEWIS, ESQ.
4740 N STATE RD #7, STE 106
FT LAUDERDALE FL 33319

Mailing Address
% MARVIN W. LEWIS, ESQ.
4740 N STATE RD #7, STE 106
FT LAUDERDALE FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1988
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business
21 900 N. Federal Hwy
Suite, Apt. #, etc.
22 240
City & State
23 BOCA RATON, FL
Zip 24 33308 Country 25 Palm Beach

2a. Mailing Address
26 900 N. Federal Hwy
Suite, Apt. #, etc.
27 240
City & State
28 BOCA RATON, FL
Zip 29 33308 Country 30 Palm Beach

4. FEI Number: 65-0059618 — 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

9. Name and Address of Current Registered Agent
LEWIS, MARVIN W., ESQ.
799 BRICKELL PLAZA
#702
MIAMI FL 33131-2704

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: Please type or print name of Registered Agent and title if signature — NOW Registered Agent signature required after name is stated — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	LEVY, JACK L	12 NAME	
STREET ADDRESS	972 CYPRESS DR.	13 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	14 CITY-ST-ZIP	
TITLE	TS	21 TITLE	☒ Change ☐ Addition
NAME	PRINTZ, WILLIAM	22 NAME	
STREET ADDRESS	1421 S OCEAN BLVD	23 STREET ADDRESS	5555 N. Ocean Blvd #88
CITY-ST-ZIP	POMPANO BEACH FL	24 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	EVP	31 TITLE	☐ Change ☐ Addition
NAME	RICE, THOMAS	32 NAME	
STREET ADDRESS	229 WATERSIDE DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	LITTLE FERRY NJ	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information contained with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 of changes, or is an attached with an address.

SIGNATURE: William Printz
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM PRINTZ

2/16/95
Date

407-368-5300
Daytime Phone #

0287038 CP