

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N15412 (2)

1. Corporation Name

CABLE COOPERATIVE OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

C/O ANTHONY GENOVA
950 N.W. 66TH AVENUE
MARGATE FL 33063

C/O ANTHONY GENOVA
950 N.W. 66TH AVENUE
MARGATE FL 33063

3. Date Incorporated or Qualified

06/13/1986

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 881 SW 55TH TERRACE

26 881 SW 55TH TERRACE

4. FEI Number

59-2694278

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MARGATE, FL

28 MARGATE, FL

Zip

24 33068

Country

25 BROWARD

Zip

29 33068

Country

30 BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

GENOVA, ANTHONY
950 N.W. 66TH AVENUE
MARGATE FL 33063

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

881 SW 55TH TERRACE

83

84 City

MARGATE

FL

85

Zip Code

33068

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE
NAME GENOVA, ANTHONY
STREET ADDRESS 950 NW 66TH AVENUE
CITY-ST-ZIP MARGATE FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 881 SW 55TH TERRACE
1.4 CITY-ST-ZIP MARGATE, FL 33068

TITLE VD ☐ DELETE
NAME LUCOFF, DAVID
STREET ADDRESS 950 NW 66TH AVENUE
CITY-ST-ZIP MARGATE FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 881 SW 55TH TERRACE
2.4 CITY-ST-ZIP MARGATE, FL 33068

TITLE SD ☐ DELETE
NAME FITZPATRICK, MICHELLE
STREET ADDRESS 950 NW 66TH AVENUE
CITY-ST-ZIP MARGATE FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 881 SW 55TH TERRACE
3.4 CITY-ST-ZIP MARGATE, FL 33068

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ANTHONY GENOVA 3/9/96 3056546750

CR2E037 (12/95)