

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

21 2. Principal Place of Business
881 SW 55TH TERRACE

26 2a. Mailing Address
881 SW 55TH TERRACE

4. FEI Number
59-2694278

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State
MARGATE, FL

28 City & State
MARGATE, FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip
33068

25 Country
BROWARD

29 Zip
33068

30 Country
BROWARD

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	<input type="checkbox"/> DELETE
NAME	GENOVA, ANTHONY	
STREET ADDRESS	950 NW 66TH AVENUE	
CITY-ST-ZIP	MARGATE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LUCOFF, DAVID	
STREET ADDRESS	950 NW 66TH AVENUE	
CITY-ST-ZIP	MARGATE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FITZPATRICK, MICHELLE	
STREET ADDRESS	950 NW 66TH AVENUE	
CITY-ST-ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	881 SW 55TH TERRACE
1.4 CITY-ST-ZIP	MARGATE, FL 33068
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	881 SW 55TH TERRACE
2.4 CITY-ST-ZIP	MARGATE, FL 33068
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	881 SW 55TH TERRACE
3.4 CITY-ST-ZIP	MARGATE, FL 33068
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Anthony Genova* **ANTHONY GENOVA** 3/9/96 3056546750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)