

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 # N49869 (3)

1. Corporation Name

NESRA SOUTH FLORIDA, INC.



Principal Place of Business

JONES INTERCABLE
6565 NOVA DR
DAVIE FL 33317
US

Mailing Address

6565 NOVA DR
ATTN: ANDREA FISHER
DAVIE FL 33317
US

3. Date Incorporated or Qualified
07/13/1992

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Dynacolor Graphics
Suite, Apt. #, etc.

26 1182 NW 159 Drive
Suite, Apt. #, etc.

4. FEI Number
65-3044564

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

City & State

City & State

23 Zip Country
24 25

28 Miami FL 33169
29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES INTERCABLE
ATTN: ANDREA FISHER
6565 NOVA DR.
DAVIE FL 33317

81 Name Gloria Murphy
82 Street Address (P.O. Box Number is Not Acceptable)
1182 NW 159 Drive
83 Miami
84 City Miami FL 85 Zip Code 33169

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

Gloria J. Murphy
Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when relinquishing)

DATE

1/17/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, RAYMOND A.	
STREET ADDRESS	2850 DOUGLAS RD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, GLORIA	
STREET ADDRESS	1182 NW 159 DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, ANDREA	
STREET ADDRESS	6565 NOVA DR.	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gloria Murphy	
1.3 STREET ADDRESS	1182 NW 159 Drive	
1.4 CITY-ST-ZIP	Miami FL 33169	
2.1 TITLE	Vice President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Andrea Fisher	
2.3 STREET ADDRESS	6565 Nova Drive	
2.4 CITY-ST-ZIP	DAVIE FL 33317	
3.1 TITLE	Treasurer D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Karen Pignato	
3.3 STREET ADDRESS	2929 SW 3 Ave	
3.4 CITY-ST-ZIP	Miami FL 33129	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

Date

305-655-888

Daytime Phone #

CR2E037 (12/95)