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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004170 (7)

1. Corporation Name

PARK CABLE ASSOCIATION INC.



Principal Place of Business

Mailing Address

20421 SW 72ND ST.
FT. LAUDERDALE FL 33332

P.O. BOX 8540
PEMBROKE PINES FL 33024

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNS, VERNON E JR
20421 SW 72ND ST.
FT. LAUDERDALE FL 33332

81 Name

PROFFER, JAMES R.

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

20421 SW 72ND ST.

83

FT. LAUDERDALE FL 33332

84 City

FL

85 Zip Code

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

James R. Proffer
Signature, typed or printed name of registered agent and title if applicable.

JAMES R. PROFFER, PRESIDENT

APRIL 25, 1996

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME JOHNS, VERNON E JR
STREET ADDRESS PO BOX 8540, LOT B-6 NA
CITY-ST-ZIP PEMBROKE PINES FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME PROFFER, JAMES R.
1.3 STREET ADDRESS PO BOX 8540, LOT B-7 NA
1.4 CITY-ST-ZIP PEMBROKE PINES, FL

TITLE VPD ☐ DELETE
NAME DENMARK, TERRY
STREET ADDRESS PO BOX 8540, LOT A-1 NA
CITY-ST-ZIP PEMBROKE PINES FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME YOUNG, ELIZABETH A
STREET ADDRESS PO BOX 8540, LOT A-2 NA
CITY-ST-ZIP PEMBROKE PINES FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME VALERIE, KIM
STREET ADDRESS P.O. BOX 8540 LOT B-4
CITY-ST-ZIP PEMBROKE PINES FL

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:

Elizabeth A. Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH A. YOUNG

4-25-96 (954) 680-4425

Date

Daytime Phone #

CR2E037 (12/95)