## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

## 1996

N95000004496 (4)

	MENT # N9500 DA WIRELESS CABLE ASS			 	: 88)   88    81   81   81   81   81   81
Principal Place	of Business	Mailing Address			
·	R AVENUE. SUITE 107	-	ivenue. Suite 107 3040		
				3. Date Incorporated or Qualified 09/20/1995	3a. Date of Last Report  N/A
2. Principal Pla	ace of Business	2a. Mailing Addres		4. FEI Number	Applied For
Suite, Apt.	# etc	26 7.0.750x Suite, Apt. #, e	618733	65-0609193	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
:3		28 O 21 4 4 D	0, Km	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intan	
4	25	29 32861	30 454	Florida Statutes	Yes 🔀 No
	9. Name and Address of Curre	ent Hegistered Agent	81 Name	10. Name and Address of New Regis	itered Agent
	GABLES FL 33134		<b>84</b> City		85 Zip Code
11. Pursuant t or register familiar wit	to the provisions of Sections 617.050 ed agent, or both, in the State of Flo th, and accept the obligations of, Se	02 and 617.1508, Florida S prida Such change was au ction 617.0503, Florida St	Statutes, the above-named corp thorized by the corporation's bo	poration submits this statement for the purpose pard of directors. I hereby accept the appointing	FL 89 250 code e of changing its registered office nent as registered agent. I am
CONATURE	in, and accept the obligations of, 5e	Cuon 617.0503, Fioriga 5t	Statutes, the above-named corporation's boatutes.		e of changing its registered office nent as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered ag-	otion 617.0503, Fiorida St entand ittie संबद्धकर्माः	Statutes, the above-named corporation is be atutes.  (NOTE Registered Agent signature req.	ared when reinstating)	e of changing its registered office nent as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered ag-	Cuon 617.0503, Fioriga 5t	Statutes, the above-named corporation/ized by the corporation's bratutes  (NOTE Registered Agent signature req.		e of changing its registered office nent as registered agent. I am DATE RS AND DIRECTORS IN 12
SIGNATURE _	Signature, typed or printed name of registered age  OFFICERS A	ent and filter applicable.  ND DIRECTORS	Statutes, the above-named corporation's boatutes.  (NOTE Registered Agent signature req.  13.  E 11 TILE	ured when reinstatings ADD TIONS "CHANGES TO OFFICEF	e of changing its registered office nent as registered agent. I am
SIGNATURE _ 12. TITLE NAME	Signature, typed or printed name of registered age  OFFICERS A	ent and title capple able  ND DIRECTORS	Statutes, the above-named corporation's boatutes.  (NOTE Registered Agent signature req.  13.  E 11 TILE	ared when reinstating)	e of changing its registered office nent as registered agent. I am DATE RS AND DIRECTORS IN 12
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SIGNATURE _  12. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS A PD BLOOMER, KELLY J 3229 FLAGLER AVENUE, SI KEY WEST FL 33040 VD HREN, RON	Oldrich B17.0503, Florida St.  ***********************************	Statutes, the above-named corporation is be atutes  (NOTE Registered Agent signature req.  13. E 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	ured when reinstatings ADD TIONS "CHANGES TO OFFICEF	e of changing its registered office nent as registered agent. I am  DATE  BS AND DIRECTORS IN 12  CA Change Addition
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SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. KIELLY BLUCMER