

FILED
May 03, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003838

1. Corporation Name
JUPITER VILLAGE PHASE IV CABLE CLUB, INC.



Principal Place of Business 8259 NORTH MILITARY TRAIL SUITE 3 W&H CORPORATION PALM BEACH GARDENS FL 33410	Mailing Address 8259 NORTH MILITARY TRAIL SUITE 3 W&H CORPORATION PALM BEACH GARDENS FL 33410
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2. Principal Place of Business 21 (127 Deerfield Dr.) Suite, Apt. #, etc. 22 P.O. Box 1781 City & State 23 JUPITER FL Zip Country 24 33468 25 USA	2a. Mailing Address 26 P.O. Box 30154 Suite, Apt. #, etc. 27 City & State 28 PALM BEACH GARDENS FL Zip Country 29 33420 30	3. Date Incorporated or Qualified 07/01/1998 4. FEI Number X65-0851051 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent JAMASON, BEVERLEY 8259 NORTH MILITARY TRAIL SUITE 3 W&H CORPORATION PALM BEACH GARDENS FL 33410	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 15247 68th COURT NO. 83 84 City LOXAHATCHEE FL 85 Zip Code 33470
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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 X B. Jamason DATE 4/26/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME WEKEMANN, GAIL STREET ADDRESS 109 WINGATE DRIVE CITY-ST-ZIP JUPITER FL 33458	<input type="checkbox"/> DELETE	1.1 TITLE D/S/T 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME GOLLINGS, ROBERT H STREET ADDRESS 127 DEERFIELD DRIVE CITY-ST-ZIP JUPITER FL 33458	<input type="checkbox"/> DELETE	2.1 TITLE D/P/C 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME JAMASON, BEVERLEY STREET ADDRESS 8259 NORTH MILITARY TRAIL SUITE 3 CITY-ST-ZIP PALM BEACH GARDENS FL 33410	<input type="checkbox"/> DELETE	3.1 TITLE D/V 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 15247 68th COURT NO. LOXAHATCHEE FL 33470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: ROBERT H. GOLLINGS, PRESIDENT DATE 4/23/99 (561)744-5621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)