FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33255

(1)

TV CABLE SUPPLY CO., INC.

FILED Apr 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
			-		
6111 PORTER WAY SARASOTA FL 34232			6111 PORTER WAY SARASOTA FL 34232		
UNITED THE STATE			CONTRACTOR CONTRACTOR		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
L					03/25/1991
_	Principal P	lace of Business	28. Mailing Address		4. FEI Number Applied For
21	0.4- 4-4	H ada	26 800 AIRPORT	T ROAD	23-1890449 Not Applicable
_	Suite, Apt.	#, BIC.	Suite, Apt. #, etc.		5. Certificate of Status Desired
22	City & State		City & State		
23	Ony or State	5	28 ANNUILE	, PA	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23)	Zip	Country	Z(p)	Country	8. This corporation owes or has paid the current year Intangible
24	•	25	29 17003 30	7A	Personal Property Tax due June 30. X Yes No
_		9. Name and Address of Curre		1	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 81				81 Name	
	1200 S. PINE ISLAND ROAD				Address (P.O. Box Number is Not Acceptable)
		INTATION FL 33324		82 Street A	radioss (1.0. box Mullipol is Not Acceptable)
, <u> </u>				83	
		•		84 City	FL 85 Zip Code
-4.	Duranant :	to the provinces of Costines 607.05	02 and 607 1509 Elorido Statutos	the above period	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 12. OFFICERS AND DIRECTORS 13.					required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TI		\$ T	DELETE		VICE-PRES FINANCE Addition
	ME	WITMER JOHN M		1.2 NAME	WITHER, JOHN M
	REET ADDRESS	1746 E. CHOCOLATE AVE.		1.3 STREET ADDRESS	800 AIRPORT ROAD
	IY-ST-ZIP	HERSHEY PA			ANNVILLE, PA 17003
TIT		CP CP	DELETE	2.1 TITLE	PRESIDENT OF O SEC./TOFOS & Change Addition
	ME	ACKEMAN ROBERT W		2.2 NAME	PRESIDENT, CEO, SEC/TREAS. A Change Addition ACKERMAN, ROBERT W.
	REET ADDRESS	1746 E. CHOCOLATE AVE.		2.3 STREET ADDRESS	800 AIRPORT ROAD
	IY-ST-ZIP	HERSHEY PA		2. 4 CITY - ST-ZIP	ANNUILLE, PA 17003
TIT			DELETE		VICE- PRES. MARKETING Change Addition
N/A	ME			3.2 NAME	MANARI, JAMES R.
ST	reet address			3.3 STREET ADDRESS	BOO AIRPORT ROAD
	TY-ST-ZIP			3.4. CITY-ST-ZIP	ANNVILLE, PA 17003
ΤΠ			☐ DELETE	4.1 TITLE	VICE-PRES OPERATIONS Change X Addition
NA.	ME			4. 2 NAME	LINDBERG, BRADFORD
ST	REET ADDRESS			4.3 STREET ADDRESS	800 MIRPORT ROAD
СП	Y-ST-ZIP			4.4 CITY+ST-ZIP	ANNVILLE, PA 17003
TIT			DELETE	5.1 TITLE	☐ Change ☐ Addition
NA	ME			5.2 NAME	
\$T	REET ADDRESS			5.3 STREET ADDRESS	
_CFI	ry-St-ZIP			5.4 CITY-ST-ZIP	
TIT	LE		DELETE	6.1 TITLE	☐ Change ☐ Addition
N/A	ME			6.2 NAME	
ST	REET ADDRESS			6.3 STREET ADDRESS	
cn	Y-ST-ZIP			6.4 CITY-ST-ZIP	
- 1		35	11. 11. 11. 11.		d in Contine 140 07(0)(i) Claside Ctatutes I forther and it, that the information

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CICNIATURE.

10 ATA

V.D. ELIANCE

2/-100

(717)028.2201.