

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P36464 (6)

1. Corporation Name
HARRON CABLEVISION OF FLORIDA, INC.

Principal Place of Business Mailing Address

70 E. LANCASTER AVE P.O. BOX 3022 FRAZER PA 19335 US

70 E LANCASTER AVE P.O. BOX 3022 FRAZER PA 19335 US

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc 26 Suite, Apt #, etc

22 City & State 27 City & State

23) Frazer, PA

24 19355-2121 25 USA 28 19355-2121 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report

11/26/1991 10/25/1994

4. FEI Number Applied For

23-2664153 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

7. This corporation has liability for franchise tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City FL B5 Zip Code

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARRON, PAUL F JR.
STREET ADDRESS	70 E. LANCASTER AVE.
CITY ST ZIP	FRAZER PA 19335
TITLE	V
NAME	COHEN, JOEL C
STREET ADDRESS	70 E. LANCASTER AVE.
CITY ST ZIP	FRAZER PA 19335
TITLE	VT
NAME	QUIGLEY, JOHN F III
STREET ADDRESS	70 E. LANCASTER AVE.
CITY ST ZIP	FRAZER PA 19335
TITLE	D
NAME	LAMB, WILLIAM H
STREET ADDRESS	70 E. LANCASTER AVE.
CITY ST ZIP	FRAZER PA 19335
TITLE	D
NAME	HARRON, MARGARET E.
STREET ADDRESS	70 E. LANCASTER AVE.
CITY ST ZIP	FRAZER PA 19335
TITLE	VSD
NAME	IMBESI, PATRICIA H.
STREET ADDRESS	70 E. LANCASTER AVE.
CITY ST ZIP	FRAZER PA 19335

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	D Lamb, William H.
43 STREET ADDRESS	24 E. Market St.
44 CITY ST ZIP	West Chester, PA 19381
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110 0700A, Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 registrar or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE: _____ DATE: 04/25/95

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR (410) 993-1111