

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Martin

Secretary of State

1070 TAVERNSIDE DRIVE, PO BOX 3205

APPROVED
AND
FILED

06/17/95 11:54:46

DOCUMENT # **P40779**

(1)

1. Corporation Name:

NBF CABLE SYSTEMS, INC.

Principal Place of Business:

203 UNION ST.
PO BOX 489
MILFORD MI 48381
US

Mailing Address:

203 UNION ST.
P. O. BOX 489
MILFORD MI 48381

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized	3a. Date of Last Report
10/05/1992	06/17/1994

4. FEIN Number	Applied For
38-3056669	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	--

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

7. The corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

9. Name and Address of Current Registered Agent

ROMANIK, DAVID E
ROMANIK, LAVIN, & HUSS
1901 HARRISON ST.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81. Name	WAYNE POLLOCK		
82. Street Address (P.O. Box Number Is Not Acceptable)	3601 W. COMMERCIAL BLVD.		
83.	SUITE #26		
84. City	FORT LAUDERDALE	FL	Zip Code 33309

11. Pursuant to the provisions of Sections 651.06(2) and 651.15(2), Florida Statutes, the above named corporation submits the 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 Chapter 651, Florida Statutes.

SIGNATURE:

WAYNE POLLOCK

4-28-95

(44)

My signature appears on the reverse side of this page.

12. OFFICES AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICES AND DIRECTORS IN 12

101	VTS MALEK, WILLIAM H. 203 UNION ST. MILFORD MI	11.01 12. NAME 13. STREET ADDRESS 14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
101	P TURNER, DEAN C. 203 UNION ST. MILFORD MI	11.01 12. NAME 13. STREET ADDRESS 14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
101		11.01 12. NAME 13. STREET ADDRESS 14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
101		11.01 12. NAME 13. STREET ADDRESS 14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
101		11.01 12. NAME 13. STREET ADDRESS 14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
101		11.01 12. NAME 13. STREET ADDRESS 14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with the filing is voluntarily furnished and done in good faith for the corporation stated in block 101 (2)(a), 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 the report as required by Chapter 651, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an alias report with an address.

SIGNATURE:

WILLIAM H. MALEK, VICE-PRESIDENT

810-685-3955

(44)

(Right Page)