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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

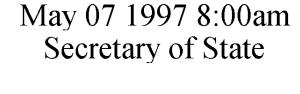
POCUMENT # **P93000002647 (4)**

AFFORDABLE CABLE INSTALLATIONS, INC.

Principal Place of Business Mailing

5016 CARMEL DR JACKSONVILLE FL \$2244 Mailing Address

5016 CARMEL DR JACKSONVILLE FL 32244-2332



FILED

ote leasure rated as Outlified	20 Date of Last Florest
sate Incorporated or Qualified	3a. Date of Last Report

A ABONDA: DIO 19100 DIVIN ABON BONG BONG BONG BONG BONG BUNG BUNG BONG BONG

					3. Date Incorporated or Qualified 01/05/1993	ified 3a. Date of Last Report 04/30/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-3184650	[Not Applicat	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required	
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be	
Zip 24	Country 25	7 _{ID}	Count 30	ry	8. This corporation has liability to Florida Statutes	<i></i>	ider s. 199.032,	
	9. Name and Address of Curren	t Registered Agent	<u></u>		10. Name and Address of New Re	gistered Agent		
TA	YLOR, CHARLES A		8	1 Name				
	16 CARMEL DR		8	2 Street Ac	Idress (P.O. Box Number is Not Acceptab	de)		
JA	CKSONVILLE FL 32244		8	3				
			L.		en transmission i des para esta esse a l'albandi de tras de l'albandi de l'albandi de l'albandi de l'albandi d		7.0.	
			8	1		FL 85	Zip Code	
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050 registered agont, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Statuli of Florida Such change was a ations of, Section 607.0505, Flo	es, the abo authorized I orida Statut	ve-named co by the corpo es	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changot the appointme	jing its registere int as registered	
SIGNATURE	Signature, typod or printed name of registered age	or and tille it applicable. (NOT	F Registered A	gent signature rei	quired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		C1 ORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			Ch	iange Addil-	
NAME	TAYLOR, CHALRES A		1.2 NAMI					
STREET ADDRESS	5016 CARMEL DR		1,3 STRE	ET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32244		1.4 CITY	- \$1 - <i>I</i> /P				
TITLE		☐ DELFTE	2.1 TITLE			Ch	iange 🔲 Addit	
NAME			2.2 NAMI	<u>:</u>				
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CITY-ST-ZIP			2. 4 CHY	-S1 - ZIP				
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NAME			3 2 NAM	Ł .				
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NAME			4. 2 NAM	DE .				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	-SI-7IP				
TITLE		☐ DELETE	51700			☐ Ch	nange 🔲 Addit	
NAME			5.2 NAM	F .				
STREET ADDRESS			5.8 STH	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY	- S1 - ZIP				
TITLE		☐ DELETE	6.1 TITLE			Сн	nange 🔲 Addit	
NAME			6.2 NAM					
STREET ADDRESS				E1 ADDRESS				
CITY-ST-ZIP			6.4 CITY					
U-11 U 1 E-11	•		2.7 0.11					

14. I do 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.

SIGNATURE: Cha 1000 A Toulan A Toulan Algolog and ole-en