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

Mailing Address

STE 200

4558 SW 35TH STREET

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

4558 SW 35TH STREET

STE. 200



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000020536 (7)

AMERICAN CABLE & DATA SUPPLY, INC.

ORLANDO FL 32611 ORLANDO FL 32811-6541 US 3a. Date of Last Report 3. Date Incorporated or Qualified 03/15/1993 07/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3170272 26 Not Applicable 21 Suite Apt. # etc. Suite, Apl. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip This corporation has liability for intangible tax under s. 199,032, Yes No 30 24 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DAVIS, JOYCE 9838 KILGORE ROAD Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32819 83 City 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, typind or printing name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. 13. ☐ Addition D DELETE Change HILE 11 TITLE DAVIS, JOYCE NAME 1.2 NAME CR2E034 9838 KILGORE RD. 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32819 CITY-ST 1.4 CITY-ST-ZIP DELETE Change Addition 111.6 21 TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS , 7 2.4 CITY-ST-ZIP CHY-ST-ZIF DELETE Change Addition TIFLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-SI DELETE Change Addition PILE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS

4.4 CHTY-ST-ZIP

5.4 CITY - ST- ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP 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

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

61 TITLE

6.2 NAME

SIGNATURE:

appears in Block 12 or Block 13 if changed or

STREET ADDRESS

STREET ADDRESS CO Y - 51 - 20F

STREET ADDRESS CITY - ST - ZIP

CrTY - \$1 - 216

HILE

NAME

TITLE

NAME

DELETE

DELETE

**FILED** 

May 08 1997 8:00am

Secretary of State

Change

☐ Change

Addition

Addition