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Apr 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000051931 (2)

1. Corporation Name  
MICROCABLE CORPORATION



Principal Place of Business 1200 N FEDERAL HWY SUITE 200 BOCA RATON FL 33432	Mailing Address 1200 N FEDERAL HWY SUITE 200 BOCA RATON FL 33432-2813
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3. Date Incorporated or Qualified 07/20/1993	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 422 Fleming St. Suite, Apt. #, etc. 22 Key West City & State 23 33040 Zip 24 Monroe Country	2a. Mailing Address 26 PO Box 43162B Suite, Apt. #, etc. 27 Big Pine Key City & State 28 33043 Zip 29 Monroe Country
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4. FEI Number 65-0512982	Applied For 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	
8. This 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 HORN, A D 1355 W. PALMETTO PARK RD. STE 118 BOCA RATON FL 33486	10. Name and Address of New Registered Agent 81 Name (same) A. D. HORN 82 Street Address (P.O. Box Number is Not Acceptable) 422 Fleming St 83 84 City Key West FL 85 Zip Code 33040
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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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	311 ASPEN AIRPORT BUSINESS CTR	1.2 NAME	
CITY-ST-ZIP	ASPEN CO	1.3 STREET ADDRESS	
TITLE	CD	1.4 CITY-ST-ZIP	
NAME	HORN, A D	2.1 TITLE	Managing Director (M) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1355 W. PALMETTO PARK RD.	2.2 NAME	HORN, A. D.
CITY-ST-ZIP	BOCA RATON FL	2.3 STREET ADDRESS	P.O. Box 1628
TITLE		2.4 CITY-ST-ZIP	Big Pine Key FL 33043
NAME		3.1 TITLE	Managing Director (M) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	HORN, A. D.
CITY-ST-ZIP		3.3 STREET ADDRESS	422 Fleming St.
TITLE		3.4 CITY-ST-ZIP	Key West FL 33040
NAME		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE		6.4 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: April 25, 1997 (305) 872-3292  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: A. D. HORN, Director

CR2E034 (9/96)