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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P93000087715 (7)**

1. Corporation Name
NATIONWIDE CABLE REP OF FLORIDA, INC.

Principal Place of Business
415 S.W. PARK ST.
OKEECHOBEE FL 34974

Mailing Address
P.O. BOX 1198
OKEECHOBEE FL 34973-1198
US

3. Date Incorporated or Qualified
12/23/1993

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2159874

Applied For
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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
GREENBERGER, JANIS L.
415 SW PARK STREET
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1505 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. OFFICER AND DIRECTORS

TITLE **PD**
NAME **GREENBERGER, JANIS L**
STREET ADDRESS **415 S.W. PARK ST.**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

[ ] DELETE

TITLE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

51 TITLE [ ] Change [ ] Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

55 TITLE [ ] Change [ ] Addition
56 NAME
57 STREET ADDRESS
58 CITY-ST-ZIP

59 TITLE [ ] Change [ ] Addition
60 NAME
61 STREET ADDRESS
62 CITY-ST-ZIP

63 TITLE [ ] Change [ ] Addition
64 NAME
65 STREET ADDRESS
66 CITY-ST-ZIP

67 TITLE [ ] Change [ ] Addition
68 NAME
69 STREET ADDRESS
70 CITY-ST-ZIP

CR2E034 (9/96)

14. I do hereby certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: Janis Greenberger 4/14/97 (941)467-0393