FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90007 004 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathe ine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300087715

1. Corporation NATION	NIDE CABLE RE		BIDA, INC.										
Principal P ace	e of Business		Mailing Address					1186		EN BONE BORE		() (00 11 (000)	14 00 1 0 141 1001
Principal P ace of Business 415 S.W. PARK ST. OKEECHOBEE FL 34974			P.O. BOX 1198 OKEECHOBEE FL 34973						20 1107	WOLTE IN	T. 10.0	5405	
			US					DO NOT WRITE IN THIS SPACE					
								12/23/		lited		, ,	
2. Principal Pi	lace of Business	2a. Mailing Address					4. FEI Num					rlied For	
21			26					59-215	9874			<u>-</u>	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifc at	e of Status Desire	ed 🗆		\$8.75 A	I
City & State			City & State						Campaign Finance nd Contribution	cing		\$5.00 Added t	
Zip Cour try						ountry		8. This corporation owes the current year intangible					
24	25		29	30				Persor al Property Tax.				□ Yes	.]No
	9. Name and Add	ress of Currer	t Registered Agent					10. Name a	nd Address of N	ew Registe	ere d A	gent	-
005	ENDEDOED 14180			-	81	Name							
GREENBERGER, JANIS L. 415 SW PARK STREET OKEECHOBEE FL 34974				ļ	82	Street A	Ac'dres	ss (P.O. Bo)	Number is Not Ac	ceptable)		<u> </u>	
					83								
				84 City						FL	85 Zip	Code	
SIGNATUFE	Signature, typed or printed na		(i) DIRECTORS	T E: Registered A	gent	t signature re	eq ired v	when reinstating)	NS/CHANGES TO	DA OFFICER	SAND		
TITLE	PD	PD DELI		1.1 TITL	TITLÉ							Change	☐ Addition
NAME	Greenberger, .			1.2 NAA	ÆΕ								
STREET ADDRESS			1.3 f		1.3 STREET ADDRESS								
CITY-ST-ZIP	OKEECHOBEE FL 34974			14 CIT	14 CITY-ST-ZIP								
TITLE		☐ DELETI		2.1 TITE	2.1 TITLE 2.2 NAME							Change	☐ Addition
NAME				2 2 NAM									
STREET ADDRESS				2.3 STR	2.3 STREET ADDRESS								
CITY-ST-ZIP					2. 4 CITY-ST-ZIP							Change.	☐ Addition
TITLE			☐ DELETE		3.1 TITLE							Change	
NAME				3.2 NAM									
STREET ADDRESS					3.3 STREET ADDRESS								
CITY-ST-ZIP					3.4. CITY-ST-ZIP							Change	Addition
name			_ Occur	4.1 102 4.2 NA		-							
						ADDRESS							
STREET ADDRE 3S CITY-ST-ZIP				4.4 CIT									
TITLE			☐ DELETE	5.1 TITL								☐ Change	☐ Addition
NAME				5.2 NAM	ИE								
STREET ADDRESS	ļ			5.3 STR	REET	ADDRESS							ļ
CITY-ST-ZIP	1			54 CIT	Y-ST	r-ZIP							
TITLE			☐ DELETE	6.1 TITU	E							Change	Addition
NAME				6.2 NAM									
STREET ADDRE 3S						ADDRESS							
CITY-ST-ZIP	1			6.4 CIT	Y-ST	r-ZIP							

14. I 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, with all other like empowered.

SIGNATURE:

Daytime Phone #