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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 3:33

DOCUMENT # **P94000058366 (3)**

1. Corporation Name
CVIT, INC.

Principal Place of Business	Mailing Address
1655 STATE ROAD 472 DELAND FL 32723	1655 STATE ROAD 472 DELAND FL 32723

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3286979	☐ Applied For ☐ Not Applicable
21	26 ONE CABLEVISION CENTER		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 LIBERTY, NY	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 12754 / Country 30	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 607.0502 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	11 TITLE		☒ Change ☐ Addition
NAME	GERRY, ALAN	12 NAME		
STREET ADDRESS	C/O ONE CABLEVISION CENTER	13 STREET ADDRESS	LOOMIS ROAD	
CITY-ST-ZIP	LIBERTY NY 12754	14 CITY-ST-ZIP	LIBERTY, NY 12754	
TITLE	VTD	21 TITLE		☒ Change ☐ Addition
NAME	COMISSO, ROCCO B	22 NAME		
STREET ADDRESS	1655 STATE ROAD 472	23 STREET ADDRESS	DELETE	
CITY-ST-ZIP	DELAND FL 32723	24 CITY-ST-ZIP		
TITLE	VCVD	31 TITLE		☒ Change ☐ Addition
NAME	CORNELIUS, RODNEY W	32 NAME		
STREET ADDRESS	1655 STATE ROAD 472	33 STREET ADDRESS	SOUTH STREET	
CITY-ST-ZIP	DELAND FL 32723	34 CITY-ST-ZIP	SOUTH BETHLEHEM, NY 12161	
TITLE	V	41 TITLE		☒ Change ☐ Addition
NAME	SHULTE, FRED E	42 NAME	SCHULTE, FRED H.	
STREET ADDRESS	1655 STATE ROAD 472	43 STREET ADDRESS	25 HORIZON FARMS DR.	
CITY-ST-ZIP	DELAND FL 32723	44 CITY-ST-ZIP	WARWICK, NY 10990	
TITLE	VS	51 TITLE		☒ Change ☐ Addition
NAME	DROPKIN, PHILIP I	52 NAME		
STREET ADDRESS	1655 STATE ROAD 472	53 STREET ADDRESS	36 GREGORY DRIVE	
CITY-ST-ZIP	DELAND FL 32723	54 CITY-ST-ZIP	GOSHEN, NY 10924	
TITLE	VAT	61 TITLE		☒ Change ☐ Addition
NAME	SUEHUHOTZ, KEITH G	62 NAME	SUEHNHOLZ, KEITH G.	
STREET ADDRESS	1655 STATE ROAD 472	63 STREET ADDRESS	3 WOODLAWN AVENUE	
CITY-ST-ZIP	DELAND FL 32723	64 CITY-ST-ZIP	LIBERTY, NY 12754	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ KEITH SUEHNHOLZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

_____ (914) 292-7550
Date Daytime Phone #

041A00 FP