SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT #** P94000078840

QUALITY CABLE SERVICE, INC.

FILED Jul 13, 1999 8:00 am Secretary of State

07-13-1999 90013 009 ***558.75

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Principal Place of Business Mailing Address										ı cuntşunı ilm igili miğil üngil müşli		1881 181		ANTON DESIGNATION	
3906 CHRISTINE ST. P.O. BOX 1801									Ì						
SEFFNER FL 33584 MANGO FL 33550															
									<u> </u>	DO NOT WRITE IN THIS SPACE					
]									13	 Date Incorporated or Qualified 10/24/1994 					
2. Principal Place of Business 2a. Mailing Address										4. FEI Number			Appli	ed For	
21				26						59-3282309 Not Applicable				pplicable	
Suite, Apt.	#, etc.		=							5. Certificate of Status Desired			75 Add		
22			2	27							7	Fe	e Requ	ired	
City & State	e		-	City & State					6	6. Election Campaign Financing \$5.00 May Be					
[23]				Zip Country						Trust Fund Contribution					
Zip 24	Country 25			├ ┐			unity		\ 8	8. This corporation owes the current	year	V	ΔÁ,		
9. Name and Address of Current				29 30 Secretared Agent					Intangible Personal Property. Yes No No No Name and Address of New Registered Agent					10	
3. Hattie and Address of Current Kegistered Agent										10. Hante and Address of New Registered Agent					
MORT, SUSAN M							81 Name								
3906 CHRISTINE ST.						18	82 Street Addre			(P.O. Box Number is Not Acceptable)			ļ	
MANGO FL 33584							83								
							\perp								
						8	14	City			FL	85	Zip Cod	de	
11. Pursuant	to the provis	ions of sections		607,1508.	Florida Statute	es, the above	/e-i	named o	corporation	n submits this statement for the purpo	ee of char	nging	its regis	tered	
Office or i	registered ag	ent, or both, in the ith, and accept the ith,	ne State of Fl	lorida. Such	i change was :	authorized	bν	the corp	poration's I	board of directors. I hereby accept th	e appoint	ment a	as regis	tered	
	in janunar w	iai, and accept to	ne obligations	s or, section	1 607.0303, FI	onda Ştatu	es	•							
SIGNATURE .	Signature, typed	or printed name of regi	stered agent and t	itle if applicable	. (N	d Ag	gent signatu	ure required w	men reinstating)	DATE			<u> </u>		
12.		OFFIC	ERS AND DI	RECTORS		13.				ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRE	CTORS	IN 12	
TITLE	Р			(DELETE	1,1 TITLI	Ē					Cha	nge 🗌	Addition	
NAME	MORT, S					1.2 NAM	E							}	
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CITY-ST-ZIP		FL 33584				1.4 CITY	ST-	ZIP							
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NAME	MORT, BRYAN			2.2			2.2 NAME							ĺ	
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CITY-ST-ZIP						6.4 CITY-								ł	
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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.

SIGNATURE: _