## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

2946 NW 60 ST

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000083078

Principal Place of Business

2940 NW 60 ST

UNITED CABLE COMMUNICATIONS GROUP INC.

FT LAUDERDALE FL 33309 US		FT LAUDERDALE FL 33309			DO NOT WRITE IN THIS SPACE	
		US			3. Date Incorporated or Qualifed	
					11/09/1994	
Principal Place of Business     2a. Mailing Address					4. FEI Number	Applied For
21 26			_		65-0573067	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State City & State			**		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
			Country		8. This corporation owes the current year li	ntangible
— ·	25	·	30		Personal Property Tax.	☐Yes ☐No
24	9. Name and Address of Curi		1	-	10. Name and Address of New Registered	Agent
		SALAS SALAS	81	Name		
CΔ	DDAEA MICHAEL H					
5012 NW 59 WAY			82	Street Add	ress (P.O. Box Number is Not Acceptable)	51 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5
CO	PRAL SPRINGS FL 33067		83			
			84	City	<del>F</del>	85 Zip Code
45 45 1 10 1 10 1		SECOND STANDARD STANDARD	a the ebout	named corr	poration submits this statement for the purpose of	of changing its registered
office or agent. I	nt to the provisions of Sections 607.6 registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida. Such change was au igations of, Section 607.0505, Flori	thorized by ida Statutes	the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	E				ed when reinstation) : DATE	
	Signature, typed or printed name of registered	-9		t signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	☐ Change ☐ Addition
TITLE	P	☐ DELETE	1.1 TITLE			County Court
NAME	Daginella, Gary		1.2 NAME			
STREET ADDRES	s 9711 NW 52 PLACE		1,3 STREE	T ADDRESS	•	
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-S	T-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	CARRAFA, MICHAEL		2.2 NAME			•
	5040 ABU 04 LANE		2.3 STREE	T ADDRESS	•	•
STREET ADDRES	CORAL SPRINGS FL	ر ما میں است	2. 4 CITY-		•	-
CITY-ST-ZIP	CURAL SPRINGS FE	□ DELET <b>E</b>	3.1 TITLE	1-21	•	☐ Change ☐ Addition
TITLE	MOSTA ANTH	Deterie	3.2 NAME			
NAME	A SASSINAY					a la su esta de la sego
STREET ADDRES	SS 14 MARINES TO A STATE OF THE	-	3.3 STREE	T ADDRESS	្រី និង ស្រែក ស្រែក ស្រែក ស្រែក ស្រេក ស្រែក ស	
CITY-ST-ZIP	F-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		3.4. CITY-	ST-ZIP		Change Addition
TITLE .		☐ DELETE	4.1 TETLE		With All All All Still Still	Charige - sr Addition
NAME			4. 2 NAME			
STREET ADDRES	ss		4.3 STREE	TADDRESS		•
CITY-ST-ZIP			4.4 CITY-9	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	Í		5.2 NAME			
STREET ADDRES	·   es		5.3 STREE	T ADDRESS		
	~		5.4 CITY-5	ST-ZIP		<u> </u>
CITY-ST-ZIP	1.00 min (1.00)	☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
	1 380 P. W. G. C.	_ ====	6.2 NAME	j		
NAME	as 1989 State of its	•		T ADDRESS		

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 trastee 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:

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90028 045 \*\*\*150.00