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

PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P95000012823

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999

1. Corporation Name

DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90001 034 ***150.00

CABLE 1	.P III, INC.					
Principal Place	e of Business	Mailing Address				# 100 HOBER TO FESSE STATE STATE SECTION OF HER SECTION HOSE THE LAND.
ATTN: DENNIS 700 UNIVERSE	BLVD	ATTN: DENNIS P. COYLE 700 UNIVERSE BLVD				DO NOT WRITE IN THIS SPACE
JUNO BEACH F US	·L 33408	JUNO BEACH FL 33408 US				3. Date Incorporated or Qualifed 02/15/1995
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number Applied For
21		26				65-0565960 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			·	5. Certificate of Status Desired
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip Country				8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. ☐ Yes ►No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
				81	Name	
	n, J e) west flagler st.			82	Street A	ddress (P.O. Box Number is Not Acceptable)
MIAN	MI FL 33174			83		
				84	City	FL 85 Zip Code
agent. I a SIGNATURE	m familiar with, and accept the obligat					quired when reinstating) ` DATE
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPS	☐ DELETE	1,1 TI	TLE		☐ Change ☐ Addition
NAME	COYLE, DENNIS P.		1.2 N	1.2 NAME		
STREET ADDRESS	TAR AND IEDOE DILLIO		1.3 \$	1.3 STREET ADDRE		
CITY-ST-ZIP	JUNO BEACH FL 33408		1.4 C	1.4 CITY-ST-2		
TITLE	DV	DELETE	2.1 TI	2.1 TITLE		☐ Change ☐ Addition
NAME	GELBER, LESLIE J.		2.2 N	2.2 NAME		
STREET ADDRESS			2.3 STREET		ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408 2 4		2 4 0	rTY-S	T-ZIP	
TITLE	T	☐ DELETE	3.1 TI	TLE		☐ Change ☐ Addition
NAME	DILEK, SAMIL L		3.2 NAME		j	
STREET ADDRESS	700 0111121102 02121		3.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL 33408		3.4. C	ITY-S	T-ZIP	
TITLE		☐ DELETE	4.1 TI	TLE		☐ Change ☐ Addition
NAME			4.2 N	IAME		
STREET ADDRESS			4.3 S	TREET	ADDRESS	
CITY-ST-ZIP			4.4 C	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TI		ľ	☐ Change ☐ Addition
NAME			5.2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				ITY-S	T-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TI			☐ Change ☐ Addition
NAME 62N				1000500		
STREET ADDRESS			6.3 S	IREET	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 atmost eport 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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Dennis P. Coyle

02/03/99

(561) 694-4644