

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**FILED**

**96 NOV 13 PM 4:00**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**DOCUMENT # P95000024008 (1)**

1. Corporation Name  
**CABLE-PHONICS, INC.**

Principal Place of Business  
**2023 NORTH WEST 55TH TERRACE LAUDERHILL FL 33313**

Mailing Address  
**2023 NORTH WEST 55TH TERRACE LAUDERHILL FL 33313**

**REINSTATEMENT**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21		2a		650569651		03/23/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25	29	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROACH, DELROY 2023 NORTH WEST 55TH TERRACE LAUDERHILL FL 33313				81 Name <b>ORLEBAR KENFORD</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>2904 NW 60 TERR.</b>			
				83 <b>APT. 338</b>			
				84 City <b>SUNRISE</b> FL Zip Code <b>33313</b>			

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 *R. Orlebar* **KENFORD ORLEBAR** DATE **NOV. 05 1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>V. ROACH, DELROY</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>2023 NW 55 TER.</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>LAUDERHILL FL 33313</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>400002009344-5</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>-11/20/96-01025-005</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>####375.00 ####375.00</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald Dugrimc Lish* **Donald DUGRIMC LISH** DATE **11-05-96** PHONE **954-4862067**

CORPORATION