

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000024253 (3)

1. Corporation Name

ADVANCED DATA & CABLE, INCORPORATED



Principal Place of Business

Mailing Address

7835 PINE CROSSINGS CIRCLE  
#1024  
ORLANDO FL 32825-3206

7835 PINE CROSSINGS CIRCLE  
#1024  
ORLANDO FL 32825-3206

3. Date Incorporated or Qualified  
03/24/1995

3a. Date of Last Report  
N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3307154

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

FIFE, DAVID A  
8086 BLUE MARLIN WAY  
ORLANDO FL 32822

81 Name

David A. Fife

82 Street Address (P.O. Box Number is Not Acceptable)

7835 Pine Crossings Circle

83 #1024

84 City

Orlando

FL

85 Zip Code

32825

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

David A. Fife

David A. Fife

4/14/96

Signature, typed or printed name of registered agent and officer applying

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
BERNHAGEN, DAVID L  
1580 RIDGE AVE.  
LONGWOOD FL 32750 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DV  
DICKINSON, STEVE R  
8086 BLUE MARLIN WAY  
ORLANDO FL 32822 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DST  
FIFE, DAVID A  
7835 PINE CROSSINGS CIR., APT. 1024  
ORLANDO FL 32822 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
☐ Change ☐ Addition

2.1 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
☐ Change ☐ Addition

3.1 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
☐ Change ☐ Addition

4.1 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
☐ Change ☐ Addition

5.1 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
☐ Change ☐ Addition

6.1 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP  
☐ Change ☐ Addition

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

SIGNATURE:

David A. Fife

David A. Fife

4/14/96

407-273-5454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

CR2E034 (12/95)