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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000033965 (1)

## KEYS MICROCABLE CORPORATION

Principal Place		Mailing Address 3229 FLAGLER AVE.					
SUITE 107 KEY WEST FL	33040	SUITE 107 KEY WEST FL 33040-4887					
				3. Date Incorporated or Qualifie 05/02/1995	01/31/1996	,	
· · · · · ·	ace of Business	2a. Mailing Address		4. FEI Number	1	oplied For	
Suite, Apt	#, etc.	26		65-0576017	60.75	ot Applicable Additional	
22	. ,	27		5. Certificate of Status Desired	• • • • • • • • • • • • • • • • • • • •	equired	
City & State	)	City & State		6. Election Campaign Financing		May Be	
23		28		Trust Fund Contribution		to Fees	
Zip TTI	Country	Zip	Country	This corporation has tiability f Florida Statutes	or intangible tax under s  Yes  No	. 199.032	
24	9. Name and Address of Curr	······································	30	10. Name and Address of New			
DI A	OMER, J K		81 Name				
	FLAGLER AVE			Donna L. Langill		·	
	FE #107			Address (P.O. Box Number is Not Accept 3229 Flagler Ave. Suit		1	
	WEST FL 33040			Ker Turi	<del>M -1.M. f</del>		
· · · · · ·	11201 12 00010		ļ		Tanl 7:		
			84 City	Key West	FL 85 Zip 33	Code 3040	
11. Pursuant I	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the above-named	corporation submits this statement for th	e purpose of changing it	ts registered	
office or re agent if a	egistered agent, or both, in the Sta m familiar with, and accout the ob	ate of Florida. Such change was au ligations of Section 607,0505, Flor	ida Statutes // 🎜	pration's board of directors. I hereby ac	cept the appointment as	, registered	
•	Da I I am	·11 -1200	Markan	gill	4129197		
SIGNATURE	Sinusaturi, Typind or printed name of registeral)	agent and title if applicable (NOTE:	Registered Agent signature	equired when reinstating)	DATE		
12.	OFFICER <b>9</b> 7	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR		
THE	P	🔀 DELETE	1.1 TITLE	vice President; Secretary;	Director L. Change	Addition	
NAME	BLOOMER, J. KELLY		1.2 NAME	Ed Jackson			
STREET ADORESS	3229 FLAGLER AVE.		1.3 STREET ADDRESS	3229 Flagler Ave. St.	107		
CITY-S1-24F	KEY WEST FL 33040		1.4 CITY+ST-ZIP	Key West, FL 33040			
tite		☐ DELETE	21 TITLE	President Director	Change	Addition	
NAME			2.2 NAME	Michael Paolini	41:40 6-271		
STREET ADDRESS			2.3 STREET ADDRESS	5030 Champion Blvd,	2:2/10/		
C-1Y - S1 - ZIP		DELETE	2. 4 CITY-ST-ZIP		3.3496 □ Change	K Addition	
101.6		L''I DETER	3.1 TITLE	Treasurer	C cuande	T Musicon	
NAM!			3.2 NAME 3.3 STREET ADDRESS	Tom Blackburn 1307 Bent Tree Drive			
STREET AUGRESS				Hudsonville, MI 49426	_9452		
CITY - ST - ZIP THILE		DELETE	3.4. City-St-ZiP 4.1 Title	INGOOTVELLE, PH 49420	Change	Addition	
NAME			4. 2 NAME	The second second	Property of completely		
STREET ADORESS			4.3 STREET ADDRESS	1			
CITY-ST ZIP			4.4 CITY - ST - ZIP				
TILLE		DELETE	5.1 TITLE		Change	Addition	
NAME			52 NAME	]	_		
STREET ADDRESS			5.3 STREET ADDRESS				
CHY+S1+ZIP			5.4 CITY-ST-ZIP				
1016		DELETE	6.1 TITLE		☐ Change	Addition	
NVME			6.2 NAME	İ			
STREET ADDRESS			6.3 STREET ADDRESS	1			
CITY -ST- ZiP			6 4 City-S1-ZIP				
14. I do heret	by certify that the information supp	olied with this filing does not qualify	for the exemption of	stated in Section 119.07(3)(i), Florida Stat I that my signature shall have the same i	ules. I further certify that	the	
Lam⊧an o	flicer or director of the corporation	or supplemental annual report is tri i or the receiver or trustee empowe I, or on an attachment with an addi	ered to execute this	I that my signature shall have the same is report as required by Chapter 607, Florid	a Statutes; and that my i	name	

**FILED** 

May 05 1997 8:00am

Secretary of State