

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Aug 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT #

1. Corporation Name

KEYS MICROCABLE CORPORATION

P95000033965

Principal Place of Business
3229 Flagler Avenue
Key West, FL 33040

Mailing Address
Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
May 2, 1995

3a. Date of Last Report
April 29, 1997

4. FEI Number
650576017

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Steven M. Greenberg

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

6191 S.W. 45 Street, Suite 6151A

83

84 City

Davie

FL

85 Zip Code
33314

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

Steven M. Greenberg

8/5/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President ☒ DELETE
NAME J. Kelly Bloomer
STREET ADDRESS 3229 Flagler Avenue
CITY-STATE-ZIP Key West, Florida 33040

TITLE Tom Blackburn ☒ DELETE
NAME 3229 Flagler Avenue
STREET ADDRESS Key West, FL 33040
CITY-STATE-ZIP

TITLE Ed Jackson ☒ DELETE
NAME 3229 Flagler Avenue
STREET ADDRESS Key West, FL 33040
CITY-STATE-ZIP

TITLE Michael Paolini ☐ DELETE
NAME Director
STREET ADDRESS 3229 Flagler Avenue
CITY-STATE-ZIP Key West, FL 33040

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Managing Director ☐ Change ☒ Addition
12 NAME A. Dan Horn
13 STREET ADDRESS 3229 Flagler Avenue
14 CITY-STATE-ZIP Key West, FL 33040

21 TITLE Managing Director ☐ Change ☒ Addition
22 NAME Richard N. Grassano
23 STREET ADDRESS 3229 Flagler Avenue
24 CITY-STATE-ZIP Key West, FL 33040

31 TITLE Steven M. Greenberg ☐ Change ☒ Addition
32 NAME 6191 S.W. 45 Street, Suite 6151A
33 STREET ADDRESS Davie, Florida
34 CITY-STATE-ZIP Secretary

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE 000002279330 ☐ Change ☐ Addition
52 NAME -08/28/97--01019--021
53 STREET ADDRESS ***61.25
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.071(3)(c), 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. 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 upon an attachment with an address.