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FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000033965 (1)

1. Corporation Name

KEYS MICROCABLE CORPORATION

Principal Place of Business

Mailing Address

3229 FLAGLER AVE. 2780 N ROOSEVELT BLVD. SUITE 107
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1995

4. FEI Number

65-0576017

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 2780 N ROOSEVELT BLVD

26 P.O. BOX 5528

Suite, Apt. #, etc

Suite, Apt. #, etc.

23 City & State

27 City & State

Key West FL

Key West FL

24 Zip

25 Country

29 Zip

30 Country

33040

USA

33045

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENBERG, STEVEN M
6191 SW 45 STREET
SUITE 6151A
DAVE FL 33314

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☒ Addition

NAME MD
STREET ADDRESS HORN, A. DAN
CITY-ST-ZIP 3229 FLAGLER AVE
KEY WEST FL 33040

1.2 NAME HORN, A. DAN
1.3 STREET ADDRESS P.O. BOX 5528, 2780 N. ROOSEVELT BLVD.
1.4 CITY-ST-ZIP Key West, FL 33045

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME D
STREET ADDRESS PAOLINI, MICHAEL
CITY-ST-ZIP 3229 FLAGLER AVE
KEY WEST FL 33040

2.2 NAME PAOLINI, MICHAEL
2.3 STREET ADDRESS P.O. BOX 5528, 2780 N. ROOSEVELT BLVD
2.4 CITY-ST-ZIP Key West, FL 33045

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME MD
STREET ADDRESS GRASSANO, RICHARD N
CITY-ST-ZIP 3229 FLAGLER AVE
KEY WEST FL 33040

3.2 NAME GRASSANO, RICHARD N
3.3 STREET ADDRESS P.O. BOX 5528, 2780 N. ROOSEVELT BLVD
3.4 CITY-ST-ZIP Key West FL 33045

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME S
STREET ADDRESS GREENBERG, STEVEN M
CITY-ST-ZIP 6191 SW 45 STREET, SUITE 6151A
DAVE FL

4.2 NAME PRESIDENT
4.3 STREET ADDRESS J. KELLY BLOOMER
4.4 CITY-ST-ZIP P.O. BOX 5528, 2780 N. ROOSEVELT BLVD.
Key West, FL 33045

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE

5.2 NAME

NAME

5.3 STREET ADDRESS

STREET ADDRESS

5.4 CITY-ST-ZIP

CITY-ST-ZIP

6.1 TITLE

TITLE

6.2 NAME

NAME

6.3 STREET ADDRESS

STREET ADDRESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

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 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 applicable, or an attachment with an address.

SIGNATURE:

4/9/98

CR2E034 (10/97)