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FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90213 001 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000033965

1. Corporation Name

KEYS MICROCABLE CORPORATION

Principal Place of Business

2780 N ROOSEVELT BLVD
SUITE 107
KEY WEST FL 33040
US

Mailing Address

POB 5528
SUITE 107
KEY WEST FL 33045
US

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	HORN, A. DAN	
STREET ADDRESS	POB 5528, 2780 N ROOSEVELT BLVD	
CITY-ST-ZIP	KEY WEST FL 33045	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PAOLINI, MICHAEL	
STREET ADDRESS	POB 5528, 2780 N ROOSEVELT BLVD	
CITY-ST-ZIP	KEY WEST FL 33045	
TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	GRASSANO, RICHARD N	
STREET ADDRESS	POB 5528, 2780 N ROOSEVELT BLVD	
CITY-ST-ZIP	KEY WEST FL 33045	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GREENBERG, STEVEN M	
STREET ADDRESS	6191 SW 45 STREET, SUITE 6151A	
CITY-ST-ZIP	DAVIE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BLOOMER, J K	
STREET ADDRESS	POB 15528, 2780 N ROOSEVELT BLVD	
CITY-ST-ZIP	KEY WEST FL 33045	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHAIRMAN
1.3 STREET ADDRESS	JAMES C. Roberts
1.4 CITY-ST-ZIP	POB 5528 2780 N Roosevelt Blvd
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRESIDENT
2.3 STREET ADDRESS	Robert L. Fredrick
2.4 CITY-ST-ZIP	PO Box 5528 2780 N. Roosevelt Blvd
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99

Date

561-630-0554

Daytime Phone #

CR2E034 (1/98)