

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

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000076348 (8)

1. Corporation Name  
TELECABLE, INC.

Principal Place of Business  
3300 SOUTH HIAWASSEE ROAD  
SUITE 107  
ORLANDO FL 32835

Mailing Address  
3300 SOUTH HIAWASSEE ROAD  
SUITE 107  
ORLANDO FL 32835-6950



2. Principal Place of Business

21 Suite Apt # etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 4961  
Suite, Apt. #, etc.

27 City & State

28 Orlando, FL  
Zip Country

29 32801-4961 30 USA

3. Date Incorporated or Qualified  
10/05/1995

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-3340240

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

B&C CORPORATER SERVICES OF CENTRAL FLORIDA  
300 N. ORANGE AVENUE  
SUITE 1100  
ORLANDO FL 32801

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE  
NAME CHIRA, LEE  
STREET ADDRESS 3300 SOUTH HIAWASSEE ROAD, SUITE 107  
CITY-ST-ZIP ORLANDO FL

TITLE VS ☐ DELETE  
NAME CARLTON, CHARLES  
STREET ADDRESS 3300 S HIAWASSEE RD #107  
CITY-ST-ZIP ORLANDO FL

TITLE VT ☐ DELETE  
NAME KROPP, STEVE  
STREET ADDRESS 3300 S HIAWASSEE RD #107  
CITY-ST-ZIP ORLANDO FL

TITLE VAS ☐ DELETE  
NAME MCKINNEY, JOE  
STREET ADDRESS 3300 S HIAWASSEE RD #107  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 supplement, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles S. Carlton 4/25/97 407/297.1600

CR2E034 (9/96)