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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

TELECABLE, INC.					TALLAH	issee. Flo	RUA	
1 LLLO	ADGE: INO.							B1 1811 1861
Principal Plac	e of Business	Mailing Address			I MADINEAL NA NOVAL DIVI	ABINI BANIT BANIT ABINI (1	OLD BLIDE HILL BIS	AL MARK LOOF
3300 80UTH HIAWASSEE ROAD PO BOX 4961								
SUITE 107		ORLANDO FL 32801-4961			DO I	NOT WRITE IN THE	S SDACE	
ORLANDO FL	. 32635	US			3. Date Incorporated or		3 OF AUE	<del></del>
					10/05/1995	Qualified		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		- Ar	plied For
21		26		59-3340240			t Applicable	
Suite, Apt. #. etc.		Suite, Apt. #, etc.			Desired	\$8.75		
22		27		5. Certificate of Status I	Desired	Fee Re	polited	
City & State		City & State		6. Election Campaign F	· –	\$5.00		
23		28		Trust Fund Contribut		Added t		
Zip	Country	Zip	Countr	У	8. This corporation owe	•		1
24	25 25 Name and Address of Current		30		Personal Property Ta  10. Name and Address			] No
De			81	Name	10, Hamo and Addios	or tron trogratoro	1 Agoin	
B&C CORPORATER SERVICES OF CENTRAL FLORIDA 390 N. ORANGE AVENUE				<u> </u>				
SUITE 1100			82	Street	Address (P.O. Box Number is No	it Acceptable)		
	LANDO FL 32801		83	1				
)	D4100 ( E 0200 )			1				
			84	City		F	L   85   Zip (	Code
11, Pursuant	to the provisions of Sections 607,0502	2 and 607.1508, Florida Statute	s, the abov	e-named	corporation submits this statement	nt for the purpose	of changing it	s registered
office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State i am familiar with, and accept the obliga	of Florida. Such change was a dions of, Section 607.0505, Flo	ufhorized b rida Statute	y the corp is:	poration's board of directors. The	reby accept the ap	pointment as	registered
SIGNATURE								
	Signature typed or printed name of registered agen			ent signature	required when reinstating)	DATE		
12.	OFFICERS AND	DELETE DELETE	13.		ADDITIONS/CHANGE	TO OFFICERS A	ND DIRECTOR Change	S IN 12
NAME	CHIRA, LEE		1.1 IIILE					L Addition
- STREET ADDRESS 3300 SOUTH HIAWASSEE ROA								
CITY-ST-ZIP ORLANDO FL		AD, COILE IO	14 CITY-		5000	DS2D2	(B) 5:	5
TITLE	VS	DELETE	21 TITLE	31-715		102502 14/28/98 1****150,00	JUDAI	Addition
NAME	CARLTON, CHARLES	_	22 NAME		,	****120,00	क्रकक्त्र 1 ु	יסטידטט
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-					
TITLE	VT DELETE 311		3 1 1111 E		VP/T		Change	☐ Addition
NAME	KROPP, STEVE		3.2 NAME		Steven G. Kropp		- (	
STREET ADDRESS					3200 S. Hiawasse	e Rd. Ste	. 205	
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-	ST-ZIP	Orlando FL 328			
TITLE	VAS	DELETE	4.1 TITLE		VP/AS		Change	Addition
NAME	MCKINNEY, JOE		4. 2 NAME		Eugene Joseph Mc	Kinney		
STREET ADDRESS	3300 S HIAWASSEE RD #107				~ ~ ~		205	
CITY-ST-ZIP			4.3 STREE	t Address	3200 S. Hiawasse		• ZUS	
	ORLANDO FL	Locust	4.4 CITY-		3200 S. Hiawasse Orlando, FL 328			NAME OF THE PARTY
TITLE	ORLANDO FL	[_] DELETE	4.4 CITY- 5.1 TITLE				. 205	Addition
NAME	ORLANDO FL	DELETE	4.4 CITY- 5.1 TITLE 5.2 NAME	ST-ZIP				Addition
NAME Street Adoress	ORLANDO FL	☐ DELETE	4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE	ST-ZIP T ADDRESS				Addition
NAME STREET ADDRESS CITY-ST-ZIP	ORLANDO FL		4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-	ST-ZIP T ADDRESS			Change	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ORLANDO FL		4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	ST-ZIP Taddress ST-ZIP			Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	ORLANDO FL		4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS			Change	

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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 favor an officer or director of the copyoration or the receiver of historic empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if circular or on an appear of the receiver with an appears in Block 12 or Block 13 if circular or on an appear of the copyoration or on an appear of the copyoration of the receiver of the copyoration or the receiver of the copyoration or the receiver of the copyoration of the receiver of