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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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May 08 1998 8:00am

Secretary of State

- LICANIA (LICA 1818) ALKIL ALKIL ALKIL ALKIL ALKIL KOTO, KARIL KIRK ALKIL AKKI HAK

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P95000081145 (1)

COMPETITIVE CONCEPTS IN CABLE TV AND VIDEO, INC.

Principal Place	of Business	Mailing Address		1	
730 SE 6 TERRACE POMPANO BEACH FL 33060 US		730 SE 6 TERRACE POMPANO BEACH FL	33060	DO NOT WRITE IN THIS SPACE	
UŞ		U\$		3. Date Incorporated or Qualified	NO OF POE
				10/23/1995	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	_	26		65-0615363	Not Applicable
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		a, Dermoate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the	
24	25 9. Name and Address of Curr	29 rent Penistered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Register	Yes ZNo
		Tell Hogistered Agent	81 Name	10. Issue Bild Addies of Ison Hollies	oo Agoin
	RAWG CORP.				
	100 GLADES ROAD JITE 400		82 Street Add	iress (P.O. Box Number is Not Acceptable)	
	OCA RATON FL 33431		83		
D(JUN NATUR FL 3343 1				
			84 City		85 Zip Code
11 Pursuant to	the provisions of Sections 607.0	502 and 607 1508. Florida Statut	les, the above named con	poration submits this statement for the purposi	=.
office or re	gistered agent, or both, in the Sta	te of Florida Such change was	authorized by the corpora	ation's board of directors. I hereby accept the	appointment as registered
agent. i an	n tamiliar with, and accept the ob-	ligations of, Section 607.0505, Fi	onda Statutos.		
SIGNATURE _	_				
OIGHTIONE 5	Signature, typed or printed name of registered to	agent and title if approable (NOT	L: Registered Agent signature requ	ired when reinstating) DAT	Ę
12.	Signature, typed or printed name of registered to OFFICERS A	agent and title if applicable (NOT AND DIRECTORS	L: Registered Agent signature requ	ired when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS A	
12.					AND DIRECTORS IN 12
	OFFICERS A	AND DIRECTORS	13.		AND DIRECTORS IN 12
12.	OF FIGERS A	AND DIRECTORS	13. 1.1 TITLE		AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	OFFICERS A PT CUSHING, HARRY P III 730 SE 6 TERRACE	AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		AND DIRECTORS IN 12
12. TITLE NAME	OFFICERS A PT CUSHING, HARRY P III	AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME		AND DIRECTORS IN 12 Change Addition
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