SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000020421 (9)

CABLEMAX INDUSTRIES, INC.

Principal Place of Business

398 E HWY 436

Mailing Address

398 E HWY 436

APPROVED. AND



1997 JUL 25 胡田: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA



ONOGEODENIN	1 12 32101	ONSSELDERNI TE SETOT			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified	3a. Da	te of Last Re		
						03/04/1996	<u> </u>	0 90	·	
2. Principal Pla 21	ace of Business	2a. Mailing Address			4. FEI Number 59-3363443			plied For t Applicable		
Suite, Apt.	f, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	П	\$8.75 /			
22		27			b. Commodo o status Bosnes		Fee Re	quired		
City & State		City & State			6. Election Campaign Financing		\$5.00			
23	Country Zip Co			untry		Trust Fund Contribution		Added t	t — 1	
Zip 24	25	29	30	юниу		8. This corporation owes or has paid the current year Intelligible Personal Property Tax due June 30. Yes V No				
24]	9. Name and Address of Curren]30]	T		10. Name and Address of New Re				
RAMKHELAWAN, RAJENDRA 81							••••			
398 E HWY 436				82	Street Ad	Idress (P.O. Box Number is Not Acceptab	le)			
CA!	SSELBERRY FL 32707				Giroberna	iduless (F.O. DOX Northber is Not Acceptable)				
				83						
				84	City			85 Zip (Code	
							FL	<u> </u>		
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.										
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		13.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12	
TITLE	P	DELETE	1.3	TITLE					☐ Addition	
NAME	RAMKHELAWAN, LIDIA V		1.2	NAME		3000022	581	L <u>9</u> 3-	5	
STREET ADDRESS	398 E HWY 436		1.3	STREET	ADDRESS	-08/05/9	3701	.075C	103	
CITY-ST-ZIP	CASSELBERRY FL 32707		1.4	CITY-S	ST - Z(P	****165		****16		
TITLE	PAMPUELÁWÁM DA IEMDDA	☐ DELETE		TITLE				Change	☐ Addition	
NAME	RAMKHELAWAN, RAJENDRA 398 E HWY 436			2.2 NAME						
STREET ADDRESS	CASSELBERRY FL 32707				ADDRESS					
CITY-ST-ZIP	ONOCEDERATI TE GETOT	DELETE	2.4 DELETE 3.11		ST-ZIP			Change	Addition	
TITLE NAME		L. OLLCIL		NAME				Ondingo		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP					ST-ZIP					
TITLE	V-11-4	DELETE		TITLE				Change	Addition	
NAME 1			4.2	NAME						
STREET ADD ESS			4.3	STREET	ADDRESS					
CITY-ST-ZI			4.4	CITY-5	ST-ZIP					
TITLE		☐ DELETE	5.1	TITLE				Change	☐ Addition	
NAME				NAME					j	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		DELETE		CITY-S	ST-ZIP			Change	1 Addion	
TITLE				TITLE						
NAME DEDUCES ADDRESS				NAME	ADDRESS			10	pxa	
STREET ADDRESS					ADDRESS			1	·	
CITY-ST-ZIP			6.4	CITY-S	SI-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 affinual report or supplemental annual report urue 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 deciver or ruspee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or plock 13 if charged, or or an attachment with our address.

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Division of Corporations,

On July 17th CableMAX Industries received the second notice for the 1997 Profit Corporation Annual Report. The second notice explained that there would be a \$560 charge instead of the normal \$165 charge. However, CableMAX Industries had never received the first notice for the 1997 Profit Corporation Annual Report. At that time, I proceeded to call the Florida Department of State help number, which is listed as (904)408-9000. The state representative at the help center instructed me to write a letter stating that CableMAX Industries never received the first annual report notice and to pay only \$165 which I am enclosing check #1139 for \$165.

If there is an additional step that I need to take in following procedures for the problem stated above please do not hesitate to call me at 834-7000 ext. 43. Thank you for your time and cooperation concerning this matter.

Sincerely,

Kim Atwood

Accounting Supervisor