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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000041484 (2)

SIGNATURE:

14. Loo hereby certily that the information supplied with this filing does not information indicated on this annual report or supplemental annual report are an officer or director of the corporation of the certific appears in Block 12 or Block 13 inchanged as the attachment with a

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY: ST 7IP

CABLE	BILLING, INC.				L MARINERA AND LOCKER CANNA CRIME RANKE RE	DHA CÁSAL CHORA HIÐIA BAGRA HÁGA	l Arak keal
Dringing Disease	of Discourse	Mailing Address					
Principal Place of Business		, and the second	Mailing Address				
P.O. BOX 9069 PANAMA CITY BEACH FL 32417		P.O. BOX 9069 Panama City Beach FL 32417-9069					
					3. Date Incorporated or Qualified 05/14/1996	3a. Date of Last Re	port
2. Principal Pi	lane of Business	2a. Mailing Address			4. FEI Number Applied For		plied For
21		26				t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
City & State		City & State		1	Fee Re		
	,	28			Election Campaign Financing Trust Fund Contribution	\$5.00 and the state of the stat	
23] Ζφ	Country	Zip	Countr	у	8. This corporation has liability for		
24	25	29	30			☐ Yes ☐ No	, 50.002,
	9, Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egistered Agent	
HAN	IKS, WILLIAN		81	Name	Ka tialliana		
4408 JAN COOLEY DRIVE				Street Add	lress (P.O. Box Number is Not Accepta	ible)	
PAN	IAMA CITY BEACH FL 32408			42	90 Kincfish D	<u>^</u>	
		•	83	3	0		İ
•			84	I City		85 Zig (Code.
·				Pan	ana City Beach	FL 👸	2407
11. Pursuant t _effice or re agent. Las	to the provisions of Sections 607 050: egistered agent, or both, in the State en familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida Such change was ilions of, Section 607.0505, Fl	tes, the above authorized be orida Statute	e-named corpora s.	poration submits this statement for the tition's board of directors. I hereby acce	purpose of changing its pt the appointment as	registered registered
SIGNATURE	5	400	. 6			DATE.	
12.	Signature type dior printed natural fregistered age OFFICERS AND		13.	Sent signature requ	ired when reinstalling) ADDITIONS/CHANGES TO OFF	DATE	S IN 12
TOLE	D DELETE		1.1 TITLE		110011101101101110111011101111	Change	Addition
NAME	HANKS, WILLIAM		1.2 NAME				
STREET ADDRESS 4408 JAN COOLEY DRIVE.			1.3 STREET ADDRESS				
C-1Y - ST - 7IP	DANIALL OFFI PEROLET AND			ST-ZIP			13
701£E		DELETE	2.1 TITLE	.=		Change	Addition
NAMI			22 NAME				
STREET ADDRESS			2 3 STREE	T ADDRESS			
City-St-ZP			2 4 CITY	-ST-ZIP			
. ↑:r⊾F		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			Ì
C(1Y-51-7)P		T perese	3.4. CITY			1710	A 100
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAM	1			
STREET ADDRESS				T ADDRESS			{
CITY ST- ZIP		DELETE	4.4 CITY -			Change	Addition
HT.F		vittit	5 1 TITLE				[
MAME CHARLE ASSISTED			5.2 NAME			1/16	3-24
STAFFUADORESS	6			ET ADDRESS		V I~	701
Dity-SI-Z. ²		DELETE	54 CITY- 61 TITLE			Channe	Addition
NAME		and weekly	6.2 NAME		8000021 2 -03/25/97010 ***165.00	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
STHELL ACDRESS				TADORESS	J1U18/52/50-	M3012	
DIMIT CAMPANCED			J.S STREET	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	###165 . 00		1

o the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the and accurate and that my signature shall have the same legal effect as if made under oath; that ed to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Mar 24 1997 8:00am

Secretary of State