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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000053756 (8)

A & R CABLE SERVICES INC.

Principal Place of Business

Mailing Address

FILED May 01 1998 8:00am Secretary of State



	H ST. APT #211 Lakes fl 33319	4510 NW 36TH ST. API LAUDERDALE LAKES FI			DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 06/24/1996	SPACE		
2. Principal P	lace of Business	2. Mailing Address			4. FEI Number	Δnr	olied For	
2. Principal Place of Business #5-25 2s. Mailing Address 21 1761 NW 46Th AVE 26 1761 NW 46				aug.	65-0682662	— ————————————————————————————————————	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27 APT D-363			5. Certificate of Status Desired	SQ 75 Additional		
	derhill, FL 333/3			33313	6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to		
Zip 24 55 7	Country 25 BROWARD 9. Name and Address of Current	Zip 29 33813	30 BRD		This corporation owes or has paid the culpersonal Property Tax due June 30. Name and Address of New Registered	Yes 🔲	ngible No	
100		Registered Agent	81	Name	10. Name and Address of New Registered	Agent		
WOOLLERY, ANTHONY								
4510 NW 36TH ST, APT #211 Lauderdale lakes FL 33319			82					
			83					
			84	City	FL	85 Zip C	ode	
11. Pursuant office or reagent Tar	to the provisions of Sections 607.0502 egistored agent, or both, in the State on familiar with, and accept the obliga-	and 607.1508, Florida Stati of Florida. Such change was tions of, Section 607.0505, F	utes, the above authorized by lorida Statutes	e-named corp the corporat s.	poration submits this statement for the purpose o lion's board of directors. I hereby accept the app	f changing its pointment as r	registered egistered	
SIGNATORE	Signature, typed or pontial name of registerest agen	t and little if applicable (NC	OTE: Registered Age	ent signature requir	red when reinstating) DATE		j	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	P	☐ DELETE	1,1 TITLE			Change	Addition	
NAME	WOOLLERY, ANTHONY		1.2 NAME					
STREET ADDRESS CITY-ST-ZIP	4510 N.W. 36TH ST, APT. 211 Lauderdale Lakes Fl		1.3 STREET	ADDRESS T-ZIP	TCINW46TH Avenus Moerhill Borida 33:	· #D '	207	
TITLE	D	DELETE	2.1 TITLE			change	Addition	
NAME	WOOLLERY, ROSETTA		22 NAME	Ì]	
STREET ADDRESS	4510 N.W. 36TH ST, APT. 211		2 3 STREET	ADDRESS	t. Bundy High Wull is	D 503	١,	
CITY-ST-ZIP	LAUDERDALE LAKES FL		2 4 CITY-1		AUDERHILL FLORIDA BY			
TITLE		DELETE	3.1 THTLE			Change	Addition	
NAME			3.2 NAME					
STREET ADORESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-5	ST - ZIP				
TITLE		DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME				,	
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			44 CITY-S	T-ZIP			(
TITLE		DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME				/	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T- ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADORESS				
Office PEDITION		ı	0.4.0004.0	1				

Thereby 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 supplemental 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 attachmont with an address.

GNATURE:

GNATURE:

SIGNATURE: