

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mothary Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P96000087526 (5)
 1. Corporation Name
PALM COAST CABLEVISION, INC.



Principal Place of Business 8949 GALL BOULEVARD ZEPHYRHILLS FL 33541	Mailing Address 8949 GALL BOULEVARD ZEPHYRHILLS FL 33541
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 211 St. Joe Plaza Drive Suite, Apt. #, etc.	2a. Mailing Address 26 4103 Westlake Houston Parkway Suite, Apt. #, etc.
22 Palm Coast Florida City & State	27 KINGWOOD, Texas City & State
23 32164 Zip	28 77339 - 5299 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 10/23/1996	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 58-2289874	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCQUAID, JOHN J 8949 GALL BOULEVARD ZEPHYRHILLS FL 33541	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
--	---------	---	----	---------	-------------

10. Name and Address of New Registered Agent
--

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, WILLIAM A	1.2 NAME
STREET ADDRESS	3198 ASSINIBOINE AVENUE	1.3 STREET ADDRESS
CITY-ST-ZIP	WINNIPEG, MANITOBA R3K 0B1	1.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOFFAT, RANDALL L	2.2 NAME
STREET ADDRESS	474 SOUTH DRIVE	2.3 STREET ADDRESS
CITY-ST-ZIP	WINNIPEG, MANITOBA R3T 0B1	2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I 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 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 attachment with an ar _____ ss.
--

SIGNATURE: *William A. Davis* **William A. Davis 03/18/98**
 (281) 360-7500

CR2E034 (10/97)