4-18-97

PROFIT CORPORATION ANNUAL REPORT



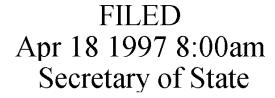
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🚁

Secretary of State

DIVISION OF CORPORATIONS

1997



| W&L(| CABLE INC. | | 5) | | | | | | | |
|---|--|----------------------|--|----------|---|--|-----------------------------|---------------------------------------|-----------------------|--|
| Principal Place of Business 1261 NW 55 AVENUE LAUDERHILL FL 33313 | | 1261 NW 55 AVENUE | Mailing Address . 1261 NW 55 AVENUE LAUDERHILL FL 33313-6430 | | | 1 10011001 HE 15119 SING SONI SONI SENI SENE 19101 (1562 HEE 1)516 (1561 | | | | |
| | | | | | | 11/04/1996 | 3a. Date of | Last Re | eport | |
| | Place of Business | 2a. Mailing Address | | | | 4. FEI Number | | | plied For | |
| Suite: Apt. | # ofc | Suite, Apt. #, etc. | | | | 65-0713707 | | · · · · · · · · · · · · · · · · · · · | t Applicable | |
| 22 | π, τ-ιτ | 27 | | | | 5. Certificate of Status Desired | |). / () A Fee Re | Additional equired | |
| City & Stat | | | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| Zip | Country | Zip | | untry | 4 | 8. This corporation has liability for inta | | | 199.032, | |
| 24 | 9. Name and Address of Curre | 29 | 30 | _ | *************************************** | | es No | | | |
| | | ant negistered Agent | | Bi | Name | 10. Name and Address of New Regist | tered Agen | | | |
| | OLLERY, WILLIAM | | | L | } | | | | | |
| 1261 NW 55 AVENUE LAUDERHILL FL 33313 | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| LAU | DENNILL PE 33313 | | | 83 | | | | | *** | |
| | • | | | <u>_</u> | | | | 7 = . | | |
| , | | | | 84 | City | | FL 85 | Zip C | Code | |
| 11. Pursulant office or r agent 1 a SIGNATURE | to the provisions of Sections 607.05 registered agent, or both, in the State and accept the oblined the state of the section o | o llev1 | | | | orporation submits this statement for the purp ration's board of directors. I hereby accept the | oose of char ne appointm | | | |
| 12. | | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICER | | | S IN 12 | |
| TITLE | PRESIDENT | ☐ DELETE | 1.11 | ITLE | | | Д с | Change | ☐ Addition | |
| NAME | | LEOM | 1.2 N | AME | 1 | | | | | |
| STREET ADDRESS | WILLIAM WOOL 1261 NW 55 AVE | NUE. | 1,3 \$ | TREE | T ADDRESS | | | | | |
| CITY - ST - ZIP | LAUDERHILL | DELETE | | _ | ST-ZIP | | |)h | 1 4 2 3 1 1 2 2 | |
| TITLE NAME | | רין וינונונ | 2.1 T 2.2 N | | 1 | | ייע | Change | Addition | |
| STREET ADDRESS | | | | | T ADDRESS | | | | | |
| CITY - 51 - ZIP | | | | | ST-ZIP | s.= | | | | |
| Titel | | ☐ DELETE | | | 31-21 | | | Change | Addition | |
| NAME | | | 3.2 N | | { | | | | | |
| STREET ADDRESS | | | 3.3 S | TREE | TADDRESS | | | | | |
| CITY - S1 - ZiP | | | 34.0 | CITY - | ST-ZIP | | | | | |
| Mile | | ☐ DELETE | 4.1 T | ITLE | | | | hange | ☐ Addition | |
| NAM: | | | 4.21 | NAME | ł | | | | | |
| STREET ADDRESS | | | 4.3 9 | TREE | T ADDRESS | | | | | |
| CITY - ST - ZIP | | ···· | | | ST-ZIP - | | | | | |
| TITLE | | ☐ DELETE | | | 1 | | | Change | Addition | |
| STATE OF | 1 | | 674 | 3886 | | | | | | |

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 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 address.

5.3 STREET ADDRESS

6 3 STREET ADDRESS 64 CITY-ST-ZIP

5.4 CiTY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CitY - \$1 - 712

C-TY - S1 - ZiP

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

alvaletti Britalia

Change

Addition