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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 16, 1999 8:00am

**Secretary of State** 

02-16-1999 90057 034 \*\*\*150.00

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000068318

LED CABLE SERVICES, INC.

Principal Place	e of Business	Mailing Address	ling Address					
4334 S LITTLE		4334 S LITTLE AL POINT INVERNESS FL 34452						
					DO NOT WE	RITE IN THIS	SPACE	
					3. Date Incorporated or Qualife 08/06/1997	d		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Ap	plied For
21 26					59-5304652		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	Sesired		
City & State	Α	City & State			6. Election Campaign Financing		\$5.00	May Be
23	•	28			Trust Fund Contribution	<b>.</b> _	Added t	
Zip	Country 25	Zip Country			This corporation owes the cu     Personal Property Tax.	rrent year In	tangible	₿No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
			8	l Name				
STANLEY, CHRISTINE M 4334 S LITTLE AL POINT INVERNESS FL 34452				2 Street Add	Address (P.O. Box Number is Not Acceptable)			
				Z Sireel Add				
				3				
						<u>*</u>	85 Zip (	11,21,134,154
			84	City		FL	85 Zip C	Code
office or r agent. I a	to the provisions of Sections 607 0503 egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was autho	nzed b	v the corporat	poration submits this statement for the ion's board of directors. I hereby acc	e purpose of ept the appo	f changing its intment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Regi	stered Age	ent signature requir	ed when reinstating)	DATE		
12.	OFFICERS AN		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PVST	☐ DELETE . 1.1 TI			12 Table 1		` 🔲 Change	☐ Addition
NAME	STANLEY, CHRISTINE M		1.2 NAME					
STREET ADDRESS	DRESS 4334 S LITTLE AL POINT 1.3			ET ADDRÉSS	·			1
CITY-ST-ZIP	INVERNESS FL 34452		1.4 CITY-	ST-ZIP				
TITLE	D	☐ DELETE 2.1					Change	Addition
NAME	STANLEY, CHRISTINE M	ANLEY, CHRISTINE M			er .			
STREET ADDRESS	RESS 4334 S LITTLE AL POINT		2.3 STREET ADDRESS					-
CITY-ST-ZIP	INVERNESS FL 34452		2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE				☐ Change	Addition
NAME			3.2 NAME	:				
STREET ADDRESS			3.3 STRE	ETADORESS	· · · · · · · · · · · · · · · · ·	1000	1515 Sec. 360	457 36 20
CITY-ST-ZIP	,		3.4. CITY-	ST-ZIP				Sin Missi
TITLE		☐ DELETE	4.1 TITLE		e de la companya de	Ind All (50)	Change	Addition
NAME	· ·		4. 2 NAMI	Ē İ				

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 address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

☐ Change

Addition

Addition