FILED Feb 17, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	1000			02-17-1999 90025 00	1 ***150.00
(I. Corporation	MENT # P97000(IN Name AL CABLE, INC.	092099		02 17 1333 30023 00	1 130.00
Principal Place	e of Business	Mailing Address			
270 NW 3RD CT BOCA RATON FL 33432 270 NW 3RD CT BOCA RATON FL 33432				DO NOT WRITE IN TH	HIS SPACE
 		_:		3. Date Incorporated or Qualifed 10/27/1997	
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		65-0802823	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	9	City & State		S. Election Compaign Singneing	\$5.00 May Be
 -		28		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zíp	Country	8. This corporation owes the current year	
24	25	29 3	0	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent
ויבוא	VEES, LEDYARD H		81 Name	·	
	NW 3RD CT		82 Street Add	Idress (P.O. Box Number is Not Acceptable)	
	A RATON FL 33432		83		
				<u> </u>	
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named cor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered
oπice or r agent. Fa	registered agent, or both, in the State of im familiar with, and accept the obligation	ons of, Section 607.0505, Florid	ia Statutes.	stori's board of directors. Thereby accept the ap-	politorici il do regiono de
SIGNATURE				ired when reinstating) DATE	
ļ <u></u>	Signature, typed or printed name of registered agent OFFICERS AND		egistered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	P	DELETE	1.1 TITLE	F P St. (C	☐ Change ☐ Addition
NAME	WILSON, JACK		1.2 NAME	·	
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH 43220		1.4 CITY-ST-ZIP	·	
TITLE		☐ DELETE		· · · · · · · · · · · · · · · · · · ·	
NAME			2.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			2.1 TITLE 2.2 NAME	. :	☐ Change ☐ Addition
CITY-ST-ZIP					☐ Change ☐ Addition
			2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		
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T. 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 address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNING OFFICER OR DIRECTOR