EE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000015888

1. Corporation Name

L. B. & L. CABLE OF FLORIDA, INC.

 	<u> </u>					40 II. 70 IO. 170 IO. 180 II. 180 II. 180 II. 180 I
Principal Place of Business Mailing Address						
1300 NORTH FLORIDA MANGO ROAD #7 WEST PALM BEACH FL 33409 1300 NORTH FLORIDA MANGO ROAD #7 WEST PALM BEACH FL 33409				7	50 107 147175 14 7440 55405	
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					02/16/1998	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0319649	Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt #, etc			5. Certificate of Status Desired	\$8.75 Additional
22	·	27			ļ	r ee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	[28] Zip	Country		Trust Fund Contribution	Added to Fees
24	[29] [30]			8. This corporation owes the current year Intangible Personal Property Tax [] Yes \(\) No		
	9. Name and Address of Curr		1201		10. Name and Address of New Reg	
			81	Name		
	EWALU, QUINN	040 43	82	Street Addr	ress (P.O. Box Number is Not Acceptable	
	NORTH FLORIDA MANGO RO	UAU #/			,	·
MEDI	PALM BEACH FL 33409		83			
			84	Čity		85 Zip Code
				•		- FL]
office or rec	the provisions of Sections 607.0: gistered agent, or both, in the Stat familiar with, and accept the obli	te of Florida. Such change v	vas authorized by t	nanied corp he corporation	oration submits this statement for the pu on's board of directors. I hereby accept the	pose of changing its registered ie appointment as registered
SIGNATURE _			and the fact that the			anna i i i i
12.	ignature, typed or printed name of registered a OFFICERS 4	AND DIRECTORS	(NOTE Registered Agent	signative require	ADDITIONS/CHANGES TO OFFIC	DATE
TITLE		[] DELET	the second secon	KIT		[Change Add ton
NAME			12 NAME	L	AWRENCE A. DAVIS OI SE 40 ST SHITE D	•
STREET ADDRESS			1357REETA	ADDRESS 15	OI SE 4 DST SHITE D	
CITY-ST-ZIP			14 CITY-ST-	zir p	100RE OK, 73160	
TITLE		[108161	1E 21117.F	1		[Change
NAME			2.7 NAME		5000027	'693154
STREET ADDRESS			2 3 STREET A	VDORESS .		9901046026
CITY-ST-ZIP			2 4 City-St	- Z1F:	****	1 de -1
TITLE		[.] DELET	I	1		[] Change
NAME			3.2 NAME			
STREET ADDRESS			33 STREET /			
CITY-ST-ZIP TITLE		[] DELET	34 CITY-SI IE 41 TITLE	ZIP		[] Change [] Addition
NAME		į, į bete i	4 2 NAME			E Johnsige E Production
STREET ADDRESS			43 STREET A	มกกละรร		
CITY-ST-ZIP			44 CITY- 57	1		
TITLE		[] DELET			•	[Change Addition
NAME			5.2 NAM(
STREET ADDRESS			53 STREET A	NOORESS		
CITY-ST-ZIP			54 CiTy-ST-	ZiP		
TITLE		□ DELET			•	[] Change C [Addition
NAME			6.2 NAME			10 11 W
STREET ADDRESS			63 STREET	1		3
6/71/			64 CILV CT	7:0 1		<i>,</i> ,

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 tune 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 on an attachment with an address, with all other like empowered.

SIGNATURE

14660

C 图像处理: 26.27