

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000082428

1. Corporation Name
A.M. EXPRESS CABLE, INC.

Principal Place of Business
7802 SHADOWRUN DR
LARGO FL 33773

Mailing Address
7802 SHADOWRUN DR
LARGO FL 33773

FILED

01-23 99 JAB 01-11-37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/21/1988

4. FEI Number
59-3535501

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year's Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25. 29. 30. 9. Name and Address of Current Registered Agent

MARCINEK, ANTHONY
7802 SHADOWRUN DR
LARGO FL 33773

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required for filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1. MARCINEK, ANTHONY
7802 SHADOWRUN DR
LARGO FL 33773

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6. ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP
15. ☐ Change ☐ Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP
25. ☐ Change ☐ Addition

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP
35. ☐ Change ☐ Addition

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP
45. ☐ Change ☐ Addition

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP
55. ☐ Change ☐ Addition

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP
65. ☐ Change ☐ Addition

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 in an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99

Date

Daytime Phone #

CR2001 1198