ぶ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

DOCUMENT # P98000094534

1. Corporation Name

O & H CABLE SERVICES INC.

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FILED Sep 23, 1999 8:00 am Secretary of State

09-23-1999 90012 019 ***150.00 09-23-1999 90012 020 ***400.00

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11/05/1998											
2. Principal Place of Business 2a								•			
Suite, Apt. #, etc.	2. Principal P	lace of Business	2a. Mailing Address								Applied For
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City & State		#. etc.									
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Zip Country Zip Country Zip Country St. This corporation was the current value interaction of Section 50 (25 of 29 of 30 of 20 of		e						6. Election Campaign Financing		\$5.00	D May Be
Zip			— · —			_			, L.J		
9. Name and Address of Current Registered Agent HANSON, ORVILLE 2916 NW 55TH AVENUE, #2-D LAUDERHILL FL 33313 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 agent. I am familyar with, and accept the bidgingstons of, Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. The arm familyar with, and accept the bidgingstons of, Section 607 0505, Florida Statutes. SIGNATURE Signature Signature OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY-ST-ZIP 15. TITLE OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. Change Addition STREET ADDRESS CITY-ST-ZIP 16. DELETE 17. TITLE ORLIETE 17. TITLE		Country		Cou	ntry			8. This corporation owes the curre	ent year Int	angible	
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6.4 CITY-ST-ZIP CITY-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.

SIGNATURE	SI	GN	IAT	UF	łΕ
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