

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27 1996 8:00 am
Secretary of State

DOCUMENT # **S20536** (6)

1. Corporation Name

CABLE WAREHOUSE, INC.



Principal Place of Business

**10001 NW 50 ST
SUNRISE FL 33351**

Mailing Address

**10001 NW 50 ST
SUNRISE FL 33351**

3. Date Incorporated or Qualified

12/24/1990

3a. Date of Last Report

06/12/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

65-0233869

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**CHANES, MARVIN
1848 WATER RIDGE, DR
FT LAUDERDALE FL 33326**

10. Name and Address of New Registered Agent

81 Name
Marvin Chanes

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

10001 N.W. 50th St. Suite 104

83

84 City
Sunrise,

FL

85 Zip Code
33351

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] **PNES**

(NOTE: Registered Agent signature required when reappointing)

2-23-96
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME
CHANES, MARVIN
STREET ADDRESS
1848 WATER RIDGE DR.
CITY-STATE-ZIP
FT. LAUDERDALE FL 33326**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-STATE-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-STATE-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-STATE-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-STATE-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-STATE-ZIP**

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**11 TITLE
Marvin Chanes
12 NAME
10001 NW 50th St. Suite 104
13 STREET ADDRESS
Sunrise, FL 33351
14 CITY-STATE-ZIP**

☐ Change ☐ Addition

**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP**

☐ Change ☐ Addition

**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP**

☐ Change ☐ Addition

**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP**

☐ Change ☐ Addition

**51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP**

☐ Change ☐ Addition

**61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **PNES** **Marvin Chanes**

2-22-96
Date

305-749-7038
Telephone Number

CR2E034 (12/95)