

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

DOCUMENT # S35654 (0)

1. Corporation Name

SUNSTATE CABLESYSTEMS, INC.



Principal Place of Business

Mailing Address

5907-C HAMPTON OAKS PKWY
TAMPA FL 33610

5907-C HAMPTON OAKS PKWY
TAMPA FL 33610

Thomas M. Duddy

2. Principal Place of Business

21 Sunstate Cablesystem

2a. Mailing Address

26 National City Tower

Suite, Apt. #, etc.

22 P.O. Box 6097

Suite, Apt. #, etc.

27 Suite -1920

City & State

23 LANE LAND FLA.

City & State

28 Louisville, Ky

Zip

24 33807-6097

Country

Zip

29 40202

Country

30

3. Date Incorporated or Qualified
03/05/1991

3a. Date of Last Report
04/25/1995

4. FEI Number

36-3761655

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

10. Name and Address of New Registered Agent

ROBERTS, WILLIAM M
5907-C HAMPTON OAKS PKWY
TAMPA FL 33610

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 607.0507 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 fee, if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ANDERSON, KENNETH D
STREET ADDRESS 211 E. ONTARIO ST., #1150
CITY-ST-ZIP CHICAGO IL

TITLE TS
NAME ROBERTS, WILLIAM M
STREET ADDRESS 5907-C HAMPTON OAKS PKWY
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN

1.1 TITLE Fed. Receiver
1.2 NAME THOMAS M. Duddy
1.3 STREET ADDRESS 1920 NATIONAL CITY TOWER
1.4 CITY-ST-ZIP Louisville, Ky

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 40202

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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, unchanged, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)