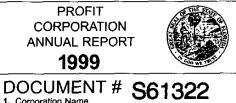
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DIVISION OF CORPORATIONS

## FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90038 029 \*\*\*150.00

CABLING FOR MINIS & MICROS, INC.					I CRECKEN ING BOOM HERD LINE (CRECKENS) AND CHANGE	AIRIC DIEN AII	(II <b>#1811 8:8</b> 11:1 <b>42</b> )
Principal Place of Business Mailing Address					E INDTIDIO IIA BILBT 11000 ILIIN 1484A JIAN AINII	ATAIL BIRTI AIG	
3400 FORSYTH ROAD P. O. BOX 2571							
SUITE 10 ORLANDO FL 32802					DO NOT WRITE IN THI	S SPACE	
WINTER PARK FL 32792 US					3. Date Incorporated or Qualifed		
00					06/21/1991		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21		26	<del> </del>		59-3084126	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional	
22		27	27		5. Certifcate of Status Desired	Fee	Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
28					Trust Fund Contribution		d to Fees
Zip —	·		Country	Country 8. This corporation owes the current year I			□No
24	25	29 30			Personal Property Tax.  10. Name and Address of New Registered	Yes	
	9. Name and Address of Cui	rrent Registered Agent	81	Name	10. Name and Address of New Registere	Agent	
DUC	HEMIN, ROBERT A						
	S. ORANGE AVE.		82	Street Add	lress (P.O. Box Number is Not Acceptable)		
STE	. 1015		83				
ORL							
			84	City	F	85 Zi	p Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statutes,	he above	e-named cor	paration cubmits this statement for the nurnose of	of changing	its registered
office or r	egistered agent, or both, in the St	ate of Florida. Such change was autho ligations of, Section 607.0505, Florida	rized by	the corporat	ion's board of directors. I hereby accept the app	ointment as	registered
•	in lamilal with, and accept the ob	mgations of, dectron dov. 0000, 1 longs	Ciciolos	•			
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: Reg	istered Ager	it signature requir	ed when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PSTD	☐ DELETE	1.1 TITLE			Chang	e Addition
NAME	YLONEN, ARTHUR M		1.2 NAME				
STREET ADDRESS	1360 FLINT TRAIL		1.3 STREET ADDRESS				
CITY-ST-ZIP	GENEVA FL	☐ DELETE	1.4 CITY-ST-ZIP			Chang	e Addition
TITLE		_; DELETE	2.1 TITLE 2.2 NAME			□ Chang	c
NAME							
STREET ADDRESS		·	2.3 STREET				,
CITY-ST-ZIP	□ DELETE		2.4 CITY-ST-ZIP 3.1 TITLE			Chang	e Addition
TITLE NAME			3.2 NAME				_
STREET ADDRESS	}	1	3.3 STREE	LADDRESS			1
CITY-ST-ZIP			3.4. CITY-S				İ
TITLE	<u></u>		4.1 TITLE			☐ Chang	e Addition
NAME			4. 2 NAME				
STREET AODRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP	1		4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Chang	e Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	FADDRESS			
C(TY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE	☐ DELETE 6.1		6.1 TITLE			Chang	pe 🔲 Addition
NAME			6.2 NAME				}
STREET ADDRESS			6.3 STREE	FADDRESS			Ì
							,

indicated on this annual report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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 in address, with all other like empowered.

SIGNATURE:

rthur M. Ylonen

4/29/99 (407) 679-2888