

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

55 MAY 11 1995 2:37

STATE OF FLORIDA  
TALLAHASSEE

DOCUMENT # **V10266 (7)**  
1. Corporation Name:  
**TELECABLE COMMUNICATIONS, CORP.**

Principal Place of Business: **4875 NORTH FEDERAL HIGHWAY SUITE 204 FT. LAUDERDALE FL 33308**  
Mailing Address: **4875 NORTH FEDERAL HIGHWAY SUITE 204 FT. LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/28/1992</b>		3a. Date of Last Report <b>04/29/1994</b>	
21	Suite, Apt #, etc.	25	Suite, Apt #, etc.	4. FEI Number <b>65-0322158</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	County	29	County	8. This corporation has liability for intangible tax under § 199.090 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LEGE, ALLEN F.</b> <b>4875 NORTH FEDERAL HIGHWAY</b> <del><b>SUITE 300</b></del> <b>FT. LAUDERDALE FL 33308</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 <b>Suite 204</b>			
				84 City <b>FL</b> 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 of Registered Agent) \_\_\_\_\_ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 12)	
1. TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>LEGE, ALLEN F.</b>	2. NAME	
3. STREET ADDRESS	<b>4875 N. FED HWY #300</b>	3. STREET ADDRESS	<b>4875 N. Fed. Hwy. Suite 204</b>
4. CITY, ST, ZIP	<b>FT. LAUDERDALE FL</b>	4. CITY, ST, ZIP	<b>33308</b>
5. TITLE	D	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<del><b>STONE, RICHARD K.</b></del>	6. NAME	
7. STREET ADDRESS	<del><b>4875 N. FEDERAL HWY. #204</b></del>	7. STREET ADDRESS	
8. CITY, ST, ZIP	<del><b>FT. LAUDERDALE FL</b></del>	8. CITY, ST, ZIP	
9. TITLE	D	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<b>THOMAS, NIX</b>	10. NAME	
11. STREET ADDRESS	<b>4875 N. FEDERAL HWY. #204</b>	11. STREET ADDRESS	<b>33308</b>
12. CITY, ST, ZIP	<b>FT. LAUDERDALE FL</b>	12. CITY, ST, ZIP	
13. TITLE	<b>TREASURER</b>	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	<b>LARRY LEGEL</b>	14. NAME	<b>LARRY LEGEL</b>
15. STREET ADDRESS	<b>5100 N FEDERAL HWY #409</b>	15. STREET ADDRESS	<b>5100 N. FEDERAL HWY #409</b>
16. CITY, ST, ZIP	<b>FT LAUDERDALE FL. 33308</b>	16. CITY, ST, ZIP	<b>FT LAUDERDALE FL 33308</b>
17. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		20. CITY, ST, ZIP	
21. TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		22. NAME	
23. STREET ADDRESS		23. STREET ADDRESS	
24. CITY, ST, ZIP		24. 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 199.0709(a), 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 in person. 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 of this report or on an attachment with an address.

SIGNATURE: *Larry Legel* **LARRY LEGEL TREAS** **4/27/95** **304/4938900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Registered Officer