

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

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V11972** (9)
1. Corporation Name
PARADISE CABLE, INC.

Principal Place of Business 6076 CLARK CENTER AVENUE SUITE 2 SARASOTA FL 34238	Mailing Address 6076 CLARK CENTER AVENUE SUITE 2 SARASOTA FL 34238
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 616 N. TAMiami TRAIL Suite, Apt. #, etc. 22 SUITE C City & State 23 NOKOMIS, FL Zip 24 34275		2a. Mailing Address 26 616 N. TAMiami TRAIL Suite, Apt. #, etc. 27 SUITE C City & State 28 NOKOMIS, FL Zip 29 34275		3. Date Incorporated or Qualified 02/05/1992	
		4. FEI Number 59-3104907		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HILL, JOHN C
6076 CLARK CENTER AVENUE SUITE 2
SARASOTA FL 34238
*616 N. Tamiami Trail
Nokomis, FL 34275*

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, JOHN C	1.2 NAME	
STREET ADDRESS	6076 CLARK CENTER AVENUE <i>616 N. Tamiami Trail</i>	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34238 <i>Nokomis FL 34275</i>	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, PAUL E	2.2 NAME	
STREET ADDRESS	6076 CLARK CENTER AVENUE <i>616 N. Tamiami Trail</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34238 <i>NOKOMIS, FL 34275</i>	2.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONAHAN, LORRAINE	3.2 NAME	
STREET ADDRESS	616 N. TAMiami TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS, FL 34275	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:

[Signature]

4/29/98 941-486-1090

CR2E034 (10/97)