

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -3 PM 4:16

DOCUMENT # V67982 (1)

1. Corporation Name
DIRECT CABLE CONCEPTS, INC.

Principal Place of Business Mailing Address
3690 S ORANGE BLOSSOM TRAIL ORLANDO FL 32839

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/25/1992		05/01/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3143488		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
24		25		29		30	
Zip		Country		7. This corporation has liability for intangible tax under S. 199.032, 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			
POWELL, JOSEPH D 301 W KINGS WAY WINTER PARK FL 32789				81 Name Joseph J. Powell			
				82 Street Address (P.O. Box Number is Not Acceptable) 3699 S. Orange Blossom Trail			
				83			
				84 City Orlando FL 85 Zip Code 32839			

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, JOSEPH D	1.2 NAME	
STREET ADDRESS	301 W. KINGS WAY	1.3 STREET ADDRESS	3699 S. Orange Blossom Trail
CITY - ST - ZIP	WINTER PARK FL 32789	1.4 CITY - ST - ZIP	Orlando, FL 32839
TITLE	VST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLATT, ARTHUR	2.2 NAME	
STREET ADDRESS	8775 BAY Vista EST BLVD Delete	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	VST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLURE, DAN	3.2 NAME	
STREET ADDRESS	130 E. ROCKWOOD WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL 32789	3.4 CITY - ST - ZIP	
TITLE		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		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		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 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 reported 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, 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 as an attachment with an addendum.

SIGNATURE: *Joseph J. Powell* Joseph J. Powell 3/28/95 407-849-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone #)