

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

FILED

May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F94000003167 (3)

1. Corporation Name  
CABLE HEALTHCARE HOLDING, INC.



Principal Place of Business  
4030 BRAKER LANE W.. #175  
AUSTIN TX 78759

Mailing Address  
4030 BRAKER LANE W.. #175  
AUSTIN TX 78759

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/16/1994

4. FEI Number  
74-2710152  
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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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 607.0502 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 PCEO  
NAME JASPER, NORMAN M.  
STREET ADDRESS 4030 BRAKER LANE WEST 175  
CITY-ST-ZIP AUSTIN TX ☒ DELETE

1.1 TITLE PRESIDENT ☐ Change ☒ Addition  
1.2 NAME N. HOLLAND BROWN  
1.3 STREET ADDRESS 4030 BRAKER LANE WEST 175  
1.4 CITY-ST-ZIP AUSTIN, TX 78759

TITLE S  
NAME MEDRICK, JOHN R  
STREET ADDRESS 4030 BRAKER LANE W., #175  
CITY-ST-ZIP AUSTIN TX ☒ DELETE

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME Michelle B. Thompson  
2.3 STREET ADDRESS 4030 BRAKER LANE WEST #175  
2.4 CITY-ST-ZIP AUSTIN, TX 78759

TITLE SP  
NAME STEVEN, FIELDS W.  
STREET ADDRESS 4030 BRAKER LANE W., #175  
CITY-ST-ZIP AUSTIN TX ☒ DELETE

3.1 TITLE CEO ☐ Change ☒ Addition  
3.2 NAME HERBERT Y. WONG  
3.3 STREET ADDRESS 4030 BRAKER LANE WEST #175  
3.4 CITY-ST-ZIP AUSTIN, TX 78759

TITLE SV  
NAME SHERMAN, MARK C  
STREET ADDRESS 4030 BRAKER LANE W., #175  
CITY-ST-ZIP AUSTIN TX 78759 ☐ DELETE

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

TITLE VPT  
NAME JONKERS, RANDALL G.  
STREET ADDRESS 4030 BRAKER LANE WEST 175  
CITY-ST-ZIP AUSTIN TX ☐ DELETE

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 in an attachment with an address.

SIGNATURE

CR2E034 (10/97)