

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J98748** (3)
1. Corporation Name
CABLE CRAFT, INC.



Principal Place of Business: 1423 SE 16TH PLACE #105 CAPE CORAL FL 33990
Mailing Address: 1423 SE 16TH PLACE #105 CAPE CORAL FL 33990

3. Date Incorporated or Qualified: 10/21/1987
3a. Date of Last Report: 04/10/1995
4. FEI Number: 65-0011414 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent: SHEER, JACK M. 15620 GREENOCK LANE FT MYERS FL 33912
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: FL

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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	<input type="checkbox"/> DELETE	1.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SHEER, JACK M.		1.2 NAME: SHEER, JACK M.	
STREET ADDRESS: 15620 GREENOCK LANE		1.3 STREET ADDRESS: 15620 GREENOCK LANE	
CITY-STATE-ZIP: FT. MYERS FL		1.4 CITY-STATE-ZIP: FT MYERS, FL	
TITLE: STD	<input type="checkbox"/> DELETE	2.1 TITLE: DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LUAllen, DAN JR.		2.2 NAME: LUAllen, DANIEL JR	
STREET ADDRESS: 610 VICTORIA DR A-202		2.3 STREET ADDRESS: 610 VICTORIA DR	
CITY-STATE-ZIP: CAPE CORAL FL		2.4 CITY-STATE-ZIP: CAPE CORAL, FLA	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE: STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		3.2 NAME: ROSSMAN, DENNIS	
STREET ADDRESS:		3.3 STREET ADDRESS: 2323 DEL DRAGO BLVD STE 13	
CITY-STATE-ZIP:		3.4 CITY-STATE-ZIP: CAPE CORAL, FLA	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		4.2 NAME: RANDLETT, H. RAY	
STREET ADDRESS:		4.3 STREET ADDRESS: 2323 DEL DRAGO BLVD STE 13	
CITY-STATE-ZIP:		4.4 CITY-STATE-ZIP: CAPE CORAL FLA	
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-STATE-ZIP:		5.4 CITY-STATE-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-STATE-ZIP:		6.4 CITY-STATE-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 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] DANIEL LUAllen JR 1-15-96 941 7729521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)