

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

FILED

**Jan 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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 33990-3876**

3. Date Incorporated or Qualified: **10/21/1987**
3a. Date of Last Report: **01/22/1996**
4. FEI Number: **65-0011414**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

**SHEER, JACK M.
15620 GREENOCK LANE
FT. MYERS FL 33912**

10. Name and Address of New Registered Agent
81 Name: **DANIEL L LUAllen JR**
82 Street Address (P.O. Box Number is Not Acceptable): **610 VICTORIA DRIVE**
83: **A202**
84 City: **CAPE CORAL** FL 85 Zip Code: **33904**

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]* (NOTE: Registered Agent signature required when reinstating) DATE:

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|---------------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | SHEER, JACK M | |
| STREET ADDRESS | 15620 GREENOCK LANE | |
| CITY-ST-ZIP | FT. MYERS FL | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | LUAllen, DANIEL J | |
| STREET ADDRESS | 610 VICTORIA DR. | |
| CITY-ST-ZIP | CAPE CORAL FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | ROSSMAN, DENNIS | |
| STREET ADDRESS | 2323 DELPRADO BLVD., SUITE 13 | |
| CITY-ST-ZIP | CAPE CORAL FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | RANDLETT, H R | |
| STREET ADDRESS | 2323 DEL DRADO BLVD., SUITE 13 | |
| CITY-ST-ZIP | CAPE CORAL FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|--|---|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do 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]* 1-13-97 9417729521
DATE: DAYTIME PHONE #

CR2E034 (9/96)