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 # **M85898** **(8)**

1. Corporation Name

CABLE SCIENCE CORPORATION

Principal Place of Business

900 N FEDERAL HWY
SUITE 240
BOCA RATON FL 33308
US

Mailing Address

900 N FEDERAL HWY
SUITE 240
BOCA RATON FL 33308
US

3. Date Incorporated or Qualified: **06/17/1988**

3a. Date of Last Report: **02/22/1995**

4. FEI Number: **65-0059618** [ ] 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 / Country
24 / 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip / Country
29 / 30

9. Name and Address of Current Registered Agent

LEWIS, MARVIN W., ESQ.
799 BRICKELL PLAZA
#702
MIAMI FL 33131-2704

10. Name and Address of New Registered Agent

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 _____ Date _____

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	LEVY, JACK L	
STREET ADDRESS	972 CYPRESS DR.	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	TS	[ ] DELETE
NAME	PRINTZ, WILLIAM	
STREET ADDRESS	5555 N OCEAN BLVD #88	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	EVP	[ ] DELETE
NAME	RICE, THOMAS	
STREET ADDRESS	229 WATERSIDE DRIVE	
CITY-ST-ZIP	LITTLE FERRY NJ	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[ ] Change [X] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		33483
21 TITLE		[ ] Change [X] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		33308
31 TITLE		[X] Change [ ] Addition
32 NAME		
33 STREET ADDRESS	305 Michelle Lane #311	
34 CITY-ST-ZIP	GROTON, CT 06340	
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is true and correct. Pursuant to 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, upon submission, this filing will 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 added to the report with an address.

SIGNATURE: William Printz 4/4/96 407-368-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)