- Silver

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000038520**1. Corporation Name

CABLETECHS OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
3913 MERRYWEATHER DR. STE 100	3913 MERRYWEATHER DR. STE 100
ORLANDO FL 32812	ORLANDO FL 32812

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90184 009 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

									04/28/1998				
2. Principal Pla	Place of Business 2a, Mailing Address								04/28/1998 4. FEI Number		Ap	plied For	l
21			26				- {	59-35196	75	No	t Applicable	ĺ	
Suite, Apt. #	, etc.			pt. #, etc.							\$8.75	Additional	1
22		Ī	27						Certificate of Status Desire	ad 🔲	Fee Re	quired	L
City & State	¥*		City & S	State				_	s Election Campaign Finance	cing _	\$5.00	May Be	{
23 = ==================================	د							Trust Fund Contribution Added to Fees					
Zip	Countr		Zip Country						g. This corporation owes the	current year Inta	ngible		
24	25		29	30	تنتسراد	_			Personal Property Tax.		Yes —	☑No	
<u></u>	g. Name and Addre	ss of Current R	gistered Ag	ent					0. Name and Address of N	aw Registered A	lgent		
						81	Name						İ
WYAT	T, ROY D						1	4 4	/D.O. Day Months do Mark Ass				ı
3913	Merryweather D	R, STE 100				82 Street Address (P.O. Box Number is Not Acceptable)						ĺ	
ORLA	NDO FL 32812					83							l
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office or reg	o the provisions of Sec gistered agent, or both I familiar with, and acc	, in the State of F	lorida. Such i	change was auth	wrized	i by t	he corpora	ation's	ion submits this statement for board of directors, I hereby a	accept the appoin	pweut 82 tei	gistered	
SIGNATURE 5	ignature, typed or printed name	of registered agent and	btle if applicable	(NOTE: Re	gistered	Agent	signature req.	ulred who	n reinstating)	DATE			€
12.	0	FFICERS AND D	IRECTORS		13.				ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTO		₫.
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NAME					62 NA	ME	}					ſ	ı
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14. I hereby ce	ntify that the Informatio	n supplied with th	is filing does	not qualify for th	e exer	nptio	n stated in	n Secti	on 119.07(3)(i), Florida Statut	les. I further certif	y that the in	formation	
indicated o	n this annual report or	supplemental and	ual report is	true and accurat	e and	mat :	my signati	ure sha	all have the same legal effect	as it made under	oatn; mat i	am an	

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, with all other like empowered.

SIGNATURE: X

MATURE AND TYPED ON PERITED NAME OF SIGNING OFFICER OF DIRECTOR

3/3/99

407438/789 Daysima Phone #