

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra L. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S36777** (8)

1. Corporation Name
PALM BEACH GROUP CABLE, INC.



Principal Place of Business: P.O. BOX 472 COUDERSPORT PA 16915
Mailing Address: P.O. BOX 472 COUDERSPORT PA 16915

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

3. Date Incorporated or Qualified: 03/11/1991
3a. Date of Last Report: 02/15/1995
4. FEI Number: 25-1660392
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 607.0602 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 607.0602, Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	RIGAS, JOHN J.	2.1 NAME	
3. STREET ADDRESS	5 W. 3RD ST.	3.1 STREET ADDRESS	
4. CITY, ST., ZIP	COUDERSPORT PA	4.1 CITY, ST., ZIP	
5. TITLE	DV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	RIGAS, MICHAEL J.	6.1 NAME	
7. STREET ADDRESS	5 W. 3RD ST.	7.1 STREET ADDRESS	
8. CITY, ST., ZIP	COUDERSPORT PA	8.1 CITY, ST., ZIP	
9. TITLE	DVT	9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	RIGAS, TIMOTHY J.	10.1 NAME	
11. STREET ADDRESS	5 W. 3RD ST.	11.1 STREET ADDRESS	
12. CITY, ST., ZIP	COUDERSPORT PA	12.1 CITY, ST., ZIP	
13. TITLE	DV	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	RIGAS, JAMES P.	14.1 NAME	
15. STREET ADDRESS	5 W. 3RD ST.	15.1 STREET ADDRESS	
16. CITY, ST., ZIP	COUDERSPORT PA	16.1 CITY, ST., ZIP	
17. TITLE	DVS	17.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	MILLIARD, DANIEL R.	18.1 NAME	
19. STREET ADDRESS	5 W. 3RD ST.	19.1 STREET ADDRESS	
20. CITY, ST., ZIP	COUDERSPORT PA	20.1 CITY, ST., ZIP	
21. TITLE	VPAS	21.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	FISHER, RANDALL D	22.1 NAME	
23. STREET ADDRESS	5 W 3RD ST.	23.1 STREET ADDRESS	
24. CITY, ST., ZIP	COUDERSPORT PA	24.1 CITY, ST., 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: *Randall D. Fisher* RANDALL D. FISHER 1/29/96 (814) 274-9830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)