


100-401-1140 - C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 MAIN AT WATER STREET Suite, Apt. #, etc.	2a. Mailing Address 26 MAIN AT WATER STREET Suite, Apt. #, etc.
22 City & State 23 COUDERSPORT PA	27 City & State 28 COUDERSPORT PA
24 Zip 16915	25 Country
29 Zip 16915	30 Country

3. Date Incorporated or Qualified 03/11/1991	
4. FEI Number 25-1660392	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGAS, JOHN J.	1.2 NAME	RIGAS, JOHN J.
STREET ADDRESS	5 W. 3RD ST.	1.3 STREET ADDRESS	MAIN AT WATER STREET
CITY-ST-ZIP	COUDERSPORT PA	1.4 CITY-ST-ZIP	COUDERSPORT, PA 16915
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGAS, MICHAEL J.	2.2 NAME	RIGAS, MICHAEL J.
STREET ADDRESS	5 W. 3RD ST.	2.3 STREET ADDRESS	MAIN AT WATER STREET
CITY-ST-ZIP	COUDERSPORT PA	2.4 CITY-ST-ZIP	COUDERSPORT PA 16195
TITLE	DVT <input type="checkbox"/> DELETE	3.1 TITLE	DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGAS, TIMOTHY J.	3.2 NAME	RIGAS, TIMOTHY J.
STREET ADDRESS	5 W. 3RD ST.	3.3 STREET ADDRESS	MAIN AT WATER STREET
CITY-ST-ZIP	COUDERSPORT PA	3.4 CITY-ST-ZIP	COUDERSPORT PA 16915
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGAS, JAMES P.	4.2 NAME	RIGAS, JAMES P.
STREET ADDRESS	5 W. 3RD ST.	4.3 STREET ADDRESS	MAIN AT WATER STREET
CITY-ST-ZIP	COUDERSPORT PA	4.4 CITY-ST-ZIP	COUDERSPORT PA 16915
TITLE	DVS <input type="checkbox"/> DELETE	5.1 TITLE	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLIARD, DANIEL R.	5.2 NAME	MILLIARD, DANIEL R.
STREET ADDRESS	5 W. 3RD ST.	5.3 STREET ADDRESS	MAIN AT WATER STREET
CITY-ST-ZIP	COUDERSPORT PA	5.4 CITY-ST-ZIP	COUDERSPORT PA 16915
TITLE	VPAS <input type="checkbox"/> DELETE	6.1 TITLE	VPAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, RANDALL D	6.2 NAME	FISHER, RANDALL D.
STREET ADDRESS	5 W 3RD ST.	6.3 STREET ADDRESS	MAIN AT WATER STREET
CITY-ST-ZIP	COUDERSPORT PA	6.4 CITY-ST-ZIP	COUDERSPORT, PA 16915

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 1/14/98 (814) 274-9830**

CR2E034 (10/97)

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24. Zip 16915		25. Country		29. Zip 16915	
25. Country		30. Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
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				84. City	FL
				85. Zip Code	

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RIGAS, MICHAEL J. 5 W. 3RD ST. COUDERSPORT PA	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DV RIGAS, MICHAEL J. MAIN AT WATER STREET COUDERSPORT PA 16195
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MILLIARD, DANIEL R. 5 W. 3RD ST. COUDERSPORT PA	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DVS MILLIARD, DANIEL R. MAIN AT WATER STREET COUDERSPORT PA 16915
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS FISHER, RANDALL D 5 W 3RD ST. COUDERSPORT PA	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	VPAS FISHER, RANDALL D. MAIN AT WATER STREET COUDERSPORT, PA 16915

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SIGNATURE: Randall D. Fisher RANDALL D. FISHER 1/14/98 (814) 274-983