

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S60115** (0)

1. Corporation Name
ALLTECH CABLE CONSTRUCTION, INC.



Principal Place of Business: **5065 HOMOSASSA TRAIL LECANTO FL 34461 US**
Mailing Address: **517 MARKET STREET OSAGE CITY KS 66523**

2. Principal Place of Business: **21**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
2a. Mailing Address: **26** **517 Market Street**
Suite, Apt. #, etc.: **27** **P.O. Box 252**
City & State: **28** **Osage City, Ks.**
Zip: **29** **66523** Country: **30**

3. Date Incorporated or Qualified: **06/17/1991** 3a. Date of Last Report: **04/28/1995**
4. FEI Number: **59-3081437** 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

9. Name and Address of Current Registered Agent
**CHARLES E. PELLICER, ESQ.
28 CORDOVA STREET
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0509, Florida Statutes.

SIGNATURE: _____
Signature of principal place of registered agent and the taxpayer (if applicable) (PRINT) Registered Agent Signature (if applicable) (PRINT) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	RICHARD JOBE	1.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	280 S CEDAR WOOD	1.2 NAME: _____	
STREET ADDRESS: _____	INVERNESS FL	1.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		1.4 CITY-ST-ZIP: _____	
TITLE: VP	AUPL MCPHERSON	2.1 TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	4636 E. DOESKIN LP	2.2 NAME: _____	
STREET ADDRESS: _____	INVERNESS FL	2.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		2.4 CITY-ST-ZIP: _____	
TITLE: TS	LINDA K. GETSINGER	3.1 TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	24 MARTINWOOD DRIVE	3.2 NAME: _____	
STREET ADDRESS: _____	OSAGE CITY KS	3.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		3.4 CITY-ST-ZIP: _____	
TITLE: _____		4.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		4.2 NAME: _____	
STREET ADDRESS: _____		4.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		4.4 CITY-ST-ZIP: _____	
TITLE: _____		5.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		5.2 NAME: _____	
STREET ADDRESS: _____		5.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		5.4 CITY-ST-ZIP: _____	
TITLE: _____		6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6.2 NAME: _____	
STREET ADDRESS: _____		6.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		6.4 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: *Sandra J. Stetsinger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-96 (913) 528-4205
DATE: _____ PHONE NUMBER: _____

CR2E034 (12/95)