CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT -5 AM 11:30

DOCUMENT # F98000000569

1. Corporation Name
CABLE ENGINEERING, INC.

Principal Place of Business	Mailing Address
1615 MELLWOOD AVE LOUISVILLE KY 40208	1615 MELLWOOD AVE LOUISVILLE KY 40208

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/30/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number 61-0967458 ☐ Applied For ☐ Not Applicable
City & State	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 25	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOFF, KAY S
515 N. FLAGLER DR, SUITE 800
WEST PALM BEACH FL 33401

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

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.

NATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	P ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP: LACY, PHILLIP M; 4230 RIVER RD; LOUISVILLE KY 40207 — ☐ Change ☐ Addition
	400003012894--2 -10/12/99--01060--004 ****550.00 ****550.00	
T ADDRESS ST-ZIP	V ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP: HOOVER, DANNY L; 1711 COLONY CT; LOUISVILLE KY 40216 — ☐ Change ☐ Addition
T ADDRESS T-ZIP		
	S ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP: ZIEGLER, CYNTHIA S; 4230 RIVER RD; LOUISVILLE KY 40207 — ☐ Change ☐ Addition
ADDRESS -ZIP		
	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP — ☐ Change ☐ Addition
DDRESS ZIP		
	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP — ☐ Change ☐ Addition
DDRESS P		
	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP — ☐ Change ☐ Addition
DRESS ,		

eby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ated 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 r 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

ATURE: Cynthia S Ziegler CS Ziegler 9-29-99
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date