

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

99 SEP -7 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *9500012480*

1. Corporation Name *Able Telcom International, Inc.*

Principal Place of Business
*1200 Landmark Ctr, Ste. 1300
Omaha, NE 68102*

Mailing Address
*1200 Landmark Ctr, Ste. 1300
Omaha, NE 68102*

Amended

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0568461

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

81 Name

Edward Pollock

82 Street Address (P.O. Box Number is Not Acceptable)

Able Telcom Holding Corp.

83 *1601 Forum Place, Suite 1110*

84 City *West Palm Beach*

FL

85 Zip Code *33401*

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 *Edward Pollock*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *8/1/99*

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE *C/D*
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

*Billy V. Ray, Jr.
1601 Forum Pl, Ste. 1110
West Palm Beach, FL 33401*

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

2.1 TITLE *P*
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

*Frazier L. Gaines
1601 Forum Pl, Ste. 1110
West Palm Beach, FL 33401*

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

3.1 TITLE *V*
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

*Michael Arp
1601 Forum Pl, Ste. 1110
West Palm Beach, FL 33401*

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

4.1 TITLE *S*
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

*Billy V. Ray, Jr.
1601 Forum Pl, Ste. 1110
West Palm Beach, FL 33401*

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

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*****61.25 *****61.25*

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I hereby 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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/99

Date

561-688-0400

Daytime Phone #

CR2E034 (11/98)

KE