PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000097573

1. Corporation Name

SPECIALIZED CABLING SYSTEMS, INC.

| Principal | Place | ωf | Business |
|-----------|--------|----|-----------|
| rincipal | i lacc | ٠. | Da3111003 |

Mailing Address

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90112 017 ***158.75



| 11532 WEST ST. DAVIE FL 33325 | | 11532 WEST STATE ROAD DAVIE FL 33325 | 84 | | | | WRITE IN THIS | S SPACE | : | |
|---|---|---|--|--|---|--|-----------------|----------|----------------|-------------------------------------|
| • | | | | | | Date Incorporated or Qua 12/28/1995 | alifed | | | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | 4. | FEI Number | | | App | lied For |
| 21 | | 26 | | | | 65-06718 <u>03</u> | | | Not | Applicable |
| Suite, Apt. 1 | #, etc. | Suite, Apt. #, etc. | _ | | | Certificate of Status Desir | ad 🌃 | \$8. | 75 Ad | dditional |
| 22 | | 27 | | | 5. | Certificate of Status Desir | ed X | Fe | e Req | uired |
| City & State | e ' . | City & State | | | 6. | Election Campaign Finan | cing _ | \$5 | .00 N | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | Ad | lded to | Fees |
| Zip | Country | Zip | Coun | try | 8. | This corporation owes the | current year Ir | tangible | | Ï |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | · | Yes | | □No |
| 1 | 9. Name and Address of Curren | | | | 10. | Name and Address of N | lew Registered | l Agent | | |
| | | | 1 | 31 Name | е | | • | | | |
| SALB | BERG, JAMES | | L | | | A D. Al. L. S. Milk A. | | | | |
| 1153 | 2 WEST STATE ROAD 84 | | | | et Address (P. | .O. Box Number is Not Ac | ceptable) | | | |
| DAVI | E FL 33325 | | [: | 33 | | | | | | |
| | | | [7 | 34 City | | | FI | 85 | Zip C | ode |
| agent. I ar | to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obligat | of Florida. Such change was a clons of, Section 607.0505, Flor | uthorized rida Statut | by the cor es. | rporation's bo | eard of directors. I hereby | accept the appo | ointment | as reg | istered |
| | Signature, typed or printed name of registered agen | t and title if applicable. (NOTE | : Registered A | gent signatun | re required when re | einstating) | DATE | | | |
| 12. | Signature, typed or printed name of registered agen OFFICERS AN | D DIRECTORS | : Registered A | gent signatun | | einstating) ADDITIONS/CHANGES TO | | | | |
| | | | | · | | | | ND DIRE | | RS IN 12 |
| 12. | OFFICERS AN | D DIRECTORS | 13. | E | | | | | | |
| 12. | OFFICERS AN | D DIRECTORS | 13. 1.1 TITL 1.2 NAM | E | A | | | | | |
| 12. TITLE NAME STREET ADDRESS | VM SALBERG, JAMES 11532 WEST ATATE RD. 84 | D DIRECTORS | 13. 1.1 TITL 1.2 NAM 1.3 STR | E IE | A | | | | | |
| 12. TITLE NAME | OFFICERS AN VM SALBERG, JAMES | D DIRECTORS | 13. 1.1 TITL 1.2 NAM 1.3 STR | E IE EET ADDRES /-ST-Z!P | A | | | | ange | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | VM SALBERG, JAMES 11532 WEST ATATE RD. 84 DAVIE FL 33325 P | D DIRECTORS | 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT | E IE EET ADDRES '-ST-ZIP E | A | | | □ Cha | ange | ☐ Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | VM SALBERG, JAMES 11532 WEST ATATE RD. 84 DAVIE FL 33325 P SALBERG, BERNARD | D DIRECTORS | 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAN | E IE EET ADDRES '-ST-ZIP E | SS | | | □ Cha | ange | ☐ Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | VM SALBERG, JAMES 11532 WEST ATATE RD. 84 DAVIE FL 33325 P SALBERG, BERNARD 11532 WEST STATE RD. 84 | D DIRECTORS | 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAN 2.3 STR | E IE EET ADDRES /-ST-ZIP E | SS | | | □ Cha | ange | ☐ Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | VM SALBERG, JAMES 11532 WEST ATATE RD. 84 DAVIE FL 33325 P SALBERG, BERNARD | D DIRECTORS | 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAN 2.3 STR | E EET ADDRES /-ST-ZIP E IIE EET ADDRES Y-ST-ZIP | SS | | | □ Cha | ange ange | ☐ Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | VM SALBERG, JAMES 11532 WEST ATATE RD. 84 DAVIE FL 33325 P SALBERG, BERNARD 11532 WEST STATE RD. 84 DAVIE FL | D DIRECTORS DELETE | 13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT | E EET ADDRES /-ST-ZIP E EET ADDRES Y-ST-ZIP EET ADDRES Y-ST-ZIP E | SS | | | ☐ Cha | ange ange | Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME | VM SALBERG, JAMES 11532 WEST ATATE RD. 84 DAVIE FL 33325 P SALBERG, BERNARD 11532 WEST STATE RD. 84 DAVIE FL | D DIRECTORS DELETE | 13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CITC 2.1 TITL 2.2 NAA 2.3 STF 2.4 CITC 3.1 TITL 3.2 NAA | E EET ADDRES /-ST-ZIP E EET ADDRES Y-ST-ZIP EET ADDRES Y-ST-ZIP E | A A A A A A A A A A A A A A A A A A A | | | ☐ Cha | ange ange | Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | VM SALBERG, JAMES 11532 WEST ATATE RD. 84 DAVIE FL 33325 P SALBERG, BERNARD 11532 WEST STATE RD. 84 DAVIE FL | D DIRECTORS DELETE | 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITTL 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITTL 3.1 TITL 3.2 NAM 3.3 STR | E EET ADDRES | A A A A A A A A A A A A A A A A A A A | | | ☐ Cha | ange ange | Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | VM SALBERG, JAMES 11532 WEST ATATE RD. 84 DAVIE FL 33325 P SALBERG, BERNARD 11532 WEST STATE RD. 84 DAVIE FL | D DIRECTORS DELETE | 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT | E EET ADDRES (-ST-ZIP E EET ADDRES Y-ST-ZIP E EET ADDRES Y-ST-ZIP E EET ADDRES | A A A A A A A A A A A A A A A A A A A | | | ☐ Cha | ange ange | Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | VM SALBERG, JAMES 11532 WEST ATATE RD. 84 DAVIE FL 33325 P SALBERG, BERNARD 11532 WEST STATE RD. 84 DAVIE FL | D DIRECTORS DELETE DELETE DELETE | 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITTL 2.2 NAM 2.3 STR 2.4 CITTL 3.2 NAM 3.3 STR 3.4 CITTL 4.1 TITL | E EET ADDRES | A A A A A A A A A A A A A A A A A A A | | | ☐ Chi | ange ange | Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | VM SALBERG, JAMES 11532 WEST ATATE RD. 84 DAVIE FL 33325 P SALBERG, BERNARD 11532 WEST STATE RD. 84 DAVIE FL | D DIRECTORS DELETE DELETE DELETE | 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CITT 4.1 TITL 4.2 NAM | E EET ADDRES I-ST-ZIP EET ADDRES F-ST-ZIP EET ADDRES F-ST-ZIP EET ADDRES F-ST-ZIP EET ADDRES F-ST-ZIP EAT ADDRES | A A S S S S S S S S S S S S S S S S S S | | | ☐ Chi | ange ange | Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | VM SALBERG, JAMES 11532 WEST ATATE RD. 84 DAVIE FL 33325 P SALBERG, BERNARD 11532 WEST STATE RD. 84 DAVIE FL | D DIRECTORS DELETE DELETE DELETE | 13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 3.4. CIT 4.1 TITL 4.2 NAM 4.3 STF | E EET ADDRES (-ST-ZIP E EET ADDRES Y-ST-ZIP E EET ADDRES Y-ST-ZIP E EET ADDRES Y-ST-ZIP E E | A A S S S S S S S S S S S S S S S S S S | | | ☐ Chi | ange ange | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VM SALBERG, JAMES 11532 WEST ATATE RD. 84 DAVIE FL 33325 P SALBERG, BERNARD 11532 WEST STATE RD. 84 DAVIE FL | D DIRECTORS DELETE DELETE DELETE | 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITTL 2.2 NAM 2.3 STR 2.4 CITTL 3.2 NAM 3.3 STR 3.4 CITTL 4.2 NAM 4.3 STR 4.4 CITTL | E EET ADDRES F-ST-ZIP | A A S S S S S S S S S S S S S S S S S S | | | ☐ Chi | . ange | Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | VM SALBERG, JAMES 11532 WEST ATATE RD. 84 DAVIE FL 33325 P SALBERG, BERNARD 11532 WEST STATE RD. 84 DAVIE FL | D DIRECTORS DELETE DELETE DELETE | 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITTL 2.2 NAM 2.3 STR 2.4 CITTL 3.2 NAM 3.3 STR 3.4 CITT 4.2 NAM 4.3 STR 4.4 CITTL 5.1 TITL 5.1 | E EET ADDRES IE EET ADDRES IE EET ADDRES Y-ST-ZIP E IE EET ADDRES Y-ST-ZIP E EET ADDRES Y-ST-ZIP E EET ADDRES | A A S S S S S S S S S S S S S S S S S S | | | ☐ Chi | . ange | Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME NAME | VM SALBERG, JAMES 11532 WEST ATATE RD. 84 DAVIE FL 33325 P SALBERG, BERNARD 11532 WEST STATE RD. 84 DAVIE FL | D DIRECTORS DELETE DELETE DELETE | 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITTL 2.2 NAM 2.3 STR 2.4 CITTL 3.2 NAM 3.3 STR 3.4. CITTL 4.2 NAM 4.3 STR 4.4 CITTL 5.1 TITL 5.2 NAM | E EET ADDRES I-ST-ZIP EET ADDRES Y-ST-ZIP E EET ADDRES Y-ST-ZIP E EET ADDRES Y-ST-ZIP E EET ADDRES F-ST-ZIP E EET ADDRES | SS | | | ☐ Chi | . ange | Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | VM SALBERG, JAMES 11532 WEST ATATE RD. 84 DAVIE FL 33325 P SALBERG, BERNARD 11532 WEST STATE RD. 84 DAVIE FL | D DIRECTORS DELETE DELETE DELETE | 13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STF 3.4 CIT 4.1 TITL 4.2 NAA 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STF | E EET ADDRES /-ST-ZIP E EET ADDRES Y-ST-ZIP E EET ADDRES Y-ST-ZIP E EET ADDRES /-ST-ZIP E EET ADDRES (-ST-ZIP E EET ADDRES | SS | | | ☐ Chi | . ange | Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | VM SALBERG, JAMES 11532 WEST ATATE RD. 84 DAVIE FL 33325 P SALBERG, BERNARD 11532 WEST STATE RD. 84 DAVIE FL | D DIRECTORS DELETE DELETE DELETE DELETE | 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITTL 2.2 NAM 2.3 STR 2.4 CITTL 3.2 NAM 3.3 STR 3.4 CITT 4.2 NAM 4.3 STR 4.4 CITTL 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITT 5.4 CITTL 5.4 CITTL 5.5 NAM 5.5 STR 5.4 CITTL 5.4 CITTL 5.5 NAM 5.5 STR 5.4 CITTL 5.5 | E EET ADDRES ISE EET ADDRES ISE EET ADDRES Y-ST-ZIP E EET ADDRES Y-ST-ZIP E EET ADDRES F-ST-ZIP E EET ADDRES (-ST-ZIP E EET ADDRES (-ST-ZIP E | SS | | | Chi | ange ange ange | Addition Addition Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | VM SALBERG, JAMES 11532 WEST ATATE RD. 84 DAVIE FL 33325 P SALBERG, BERNARD 11532 WEST STATE RD. 84 DAVIE FL | D DIRECTORS DELETE DELETE DELETE | 13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STF 3.4 CIT 4.1 TITL 4.2 NAA 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STF | E EET ADDRES ISE EET ADDRES ISE EET ADDRES Y-ST-ZIP E EET ADDRES Y-ST-ZIP E EET ADDRES F-ST-ZIP E EET ADDRES (-ST-ZIP E EET ADDRES (-ST-ZIP E EET ADDRES | SS | | | ☐ Chi | ange ange ange | Addition 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:

CITY-ST-ZIP,

SERNARD SALBERG SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER