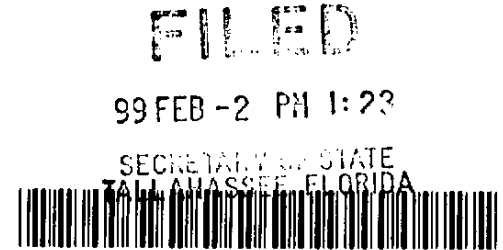


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0054094

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000098527</b>			
1. Corporation Name <b>ACTIVE CABLING INC.</b>			
Principal Place of Business <b>3088 CONNIE DR TALLAHASSEE FL 32311</b>		Mailing Address <b>3088 CONNIE DR TALLAHASSEE FL 32311</b>	
2. Principal Place of Business		2a. Mailing Address	
21 <b>83 WALDON RD.</b>		26 <b>83 WALDON RD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 <b>CRAWFORDVILLE FL</b>		28 <b>CRAWFORDVILLE FL</b>	
Zip		Zip	
24 <b>32327</b>		29 <b>32327</b>	
Country		Country	
25 <b>USA</b>		30 <b>USA</b>	
9. Name and Address of Current Registered Agent			
<b>MAYO, LARRY K 3088 CONNIE DR TALLAHASSEE FL 32311</b>			
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 <i>[Signature]</i>			
12. OFFICERS AND DIRECTORS			
11. TITLE <b>P</b> [ ] DELETE			
12. NAME <b>MAYO, LARRY KEITH</b>			
13. STREET ADDRESS <b>3088 CONNIE DR.</b>			
14. CITY-ST-ZIP <b>TALLAHASSEE FL 32311</b>			
15. TITLE [ ] DELETE			
16. NAME			
17. STREET ADDRESS			
18. CITY-ST-ZIP			
19. TITLE [ ] DELETE			
20. NAME			
21. STREET ADDRESS			
22. CITY-ST-ZIP			
23. TITLE [ ] DELETE			
24. NAME			
25. STREET ADDRESS			
26. CITY-ST-ZIP			
27. TITLE [ ] DELETE			
28. NAME			
29. STREET ADDRESS			
30. CITY-ST-ZIP			
31. TITLE [ ] DELETE			
32. NAME			
33. STREET ADDRESS			
34. CITY-ST-ZIP			
35. TITLE [ ] DELETE			
36. NAME			
37. STREET ADDRESS			
38. CITY-ST-ZIP			
39. TITLE [ ] DELETE			
40. NAME			
41. STREET ADDRESS			
42. CITY-ST-ZIP			
43. TITLE [ ] DELETE			
44. NAME			
45. STREET ADDRESS			
46. CITY-ST-ZIP			
47. TITLE [ ] DELETE			
48. NAME			
49. STREET ADDRESS			
50. CITY-ST-ZIP			



99 FEB -2 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/19/1997**
4. FEI Number  
**59-3900917**
5. Certificate of Status Desired [ ] Applied For  
[ ] Not Applicable  
**\$8.75** Additional Fee Required
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
10. Name and Address of New Registered Agent

81. Name **AL SHYLOKFSKI**

82. Street Address (P.O. Box Number is Not Acceptable)  
**83 WALDON RD.**

83.

84. City **CRAWFORDVILLE** FL 85. Zip Code **32327**

1-19-99  
DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE <b>VP</b>	[ ] Change [ ] Add
12. NAME <b>AL SHYLOKFSKI</b>	
13. STREET ADDRESS <b>83 WALDON RD.</b>	
14. CITY-ST-ZIP <b>CRAWFORDVILLE FL 32327</b>	[ ] Change [ ] Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

**400002766944-5**  
**-02/08/99-01015-003** Addition  
**\*\*\*150.00 \*\*\*150.00**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99 850-561-0507  
Date Daytime Phone #

CR2E034 (11/98)