

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S50452 (9)

1. Corporation Name
ABLE TELCOM HOLDING CORP.

Principal Place of Business
1601 FORUM PLACE
SUITE 1110
WEST PALM BEACH FL 33401
US

Mailing Address
1601 FORUM PLACE
SUITE 1110
WEST PALM BEACH FL 33401-8105
US



3. Date Incorporated or Qualified 05/03/1991
3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0013218	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip	25 Country		
29 Zip	30 Country		

9. Name and Address of Current Registered Agent

DANIEL L OSBORNE
1601 FORUM PLACE
SUITE 1110
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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D NELLES, ROBERT C. <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4147 HIGH STAR LANE	1.2 NAME	GIDEON TAYLOR
STREET ADDRESS	DALLAS TX	1.3 STREET ADDRESS	1601 FORUM PLACE, SUITE 1110
CITY-ST-ZIP	DALLAS TX	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D CALLAHAN, WILLIAM <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1601 FORUM PLACE	2.2 NAME	GERRY W. HALL
STREET ADDRESS	WEST PALM BEACH FL	2.3 STREET ADDRESS	1601 FORUM PLACE, SUITE 1110
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VD GAINES, FRAZIER <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800 W CYPRESS CRK RD, #420	3.2 NAME	
STREET ADDRESS	FT LAUDERDALE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	VST OSBORNE, DAN <input type="checkbox"/> DELETE	4.1 TITLE	ASIT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800 W CYPRESS CRK RD, #420	4.2 NAME	OSBORNE, DANIEL
STREET ADDRESS	FT LAUDERDALE FL	4.3 STREET ADDRESS	1601 FORUM PLACE, SUITE 1110
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	S STACEY MCKISSICK <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1601 FORUM PLACE	5.2 NAME	BILLY B. CAUDILL
STREET ADDRESS	WEST PALM BEACH FL	5.3 STREET ADDRESS	800 W. CYPRESS CREEK BLVD
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	PD MERCURIO, WILLIAM <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	1601 FORUM PLACE, SUITE 1110	6.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)