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ORIGINAL

Atlanta	Northern Virginia
Boston	Orlando
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Los Angeles	Tallahassee
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February 27, 2001

ERIC FISHMAN
202-828-1849

Internet Address:
efishman@hklaw.com

FEDERAL EXPRESS

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Check received with filing and
forwarded to Fiscal for deposit.
Fiscal to forward a copy of check
to RAR with proof of deposit.

Initials of person who forwarded check:

Re: Novus Communications Inc.
Application for Authority to Provide Alternative Local Exchange
Service Within the State of Florida

Dear Sirs:

Submitted herewith on behalf of Novus Communications Inc. please find an original and six (6) copies of the company's application for authority to provide alternative local exchange service within the State of Florida, along with a non-refundable application fee of \$250. Please stamp the enclosed "File Copy" of this submission and return it to the undersigned in the enclosed self-addressed, stamped envelope.

Should you have any questions regarding this matter, please feel free to contact the undersigned counsel directly.

Sincerely,

Eric Fishman
Attorney for
Novus Communications Inc.

Enclosures

WAS1 #920128 v1

DOCUMENT NUMBER-DATE

02714 FEB 28 2001

FPSC-RECORDS/REPORTING

APPLICATION

ORIGINAL

1. This is an application for / (check one):

(X) Original certificate (new company).

() Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.

() Approval of assignment of existing certificate: Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

() Approval of transfer of control: Example, a company purchases 51 % of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

Novus Communications Inc.

3. Name under which the applicant will do business (fictitious name, etc.):

Novus Communications Inc.

4. Official mailing address (including street name & number, post office box, city, state, zip code):

4409 Sun 'n Lake Boulevard, Suite F, Sebring, Florida 33872

5. Florida address (including street name & number, post office box, city, state, zip code):

4409 Sun 'n Lake Boulevard, Suite F, Sebring, Florida 33872

6. Structure of organization:

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Other | |

7. **If individual**, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

8. **If incorporated in Florida**, provide proof of authority to operate in Florida:

(a) The Florida Secretary of State corporate registration number:

_____ P00000044850 _____

9. **If foreign corporation**, provide proof of authority to operate in Florida:

(a) The Florida Secretary of State corporate registration number:

10. **If using fictitious name-d/b/a**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:

(a) The Florida Secretary of State fictitious name registration number:

11. If a **limited liability partnership**, provide proof of registration to operate in Florida:

(a) The Florida Secretary of State registration number:

12. If a **partnership**, provide name, title and address of all partners and a copy of the partnership agreement.

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

13. If a **foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) The Florida registration number: _____

14. Provide **F.E.I. Number** (if applicable): 65-1004529

15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Provide explanation.

No

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

No

16. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: Eric Fishman

Title: _____

Address: Holland & Knight LLP, 2009 Pennsylvania Avenue, NW

City/State/Zip: Washington, DC 20006

Telephone No.: (202) 828-1849 **Fax No.:** (202) 828-1868

Internet E-Mail Address: efishman@hkllaw.com

Internet Website Address: www.hkllaw.com

(b) Official point of contact for the ongoing operations of the company:

Name: Dennis Bassetti

Title: President

Address: 4409 Sun 'n Lake Boulevard, Suite F

City/State/Zip: Sebring, Florida 33872

Telephone No.: (863) 471-1183/3153 **Fax No.:** _____

Internet E-Mail Address: Dennis@terranovus.net

Internet Website Address: www.terrانovus.net

(c) Complaints/Inquiries from customers:

Name: Dennis Bassetti

Title: President

Address: 4409 Sun N'Lake Boulevard, Suite F

City/State/Zip: Sebring, Florida 33872

Telephone No.: (863) 471-1183/3153 **Fax No.:** _____

Internet E-Mail Address: Dennis@terrانovus.net

Internet Website Address: www.terrانovus.net

17. List the states in which the applicant:

(a) has operated as an alternative local exchange company.

None

(b) has applications pending to be certificated as an alternative local exchange company.

None

(c) is certificated to operate as an alternative local exchange company.

None

- (d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

None

- (e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

None

- (f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

None

18. Submit the following:

A. Financial capability.

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer **affirming that the financial statements are true and correct** and should include:

1. the balance sheet;
2. income statement; and
3. statement of retained earnings.

NOTE: This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with Financial institutions.

Further, the following (which includes supporting documentation) should be provided:

1. **written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. **written explanation** that the applicant has sufficient financial capability to maintain the requested service.
3. **written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.

See Exhibit A.

- B-. Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

See Exhibit B

- C. Technical capability: give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

See Exhibit B

****APPLICANT ACKNOWLEDGMENT STATEMENT ****

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of ,15 of one percent of gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

Signature

2/26/01

Date

Title

PRESIDENT

863-471-1182

Telephone No.

Address: 4409 SUN N' LAKE BLVD

Fax No.

SOUFFR

SPRING FL 33872

ATTACHMENTS:

- A - CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT
- B - INTRASTATE NETWORK
- C - AFFIDAVIT

**** APPENDIX A**

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) _____

(Title) _____ of (Name of Company)

_____ and current holder of Florida Public Service Commission Certificate Number # _____

_____, have reviewed this application and join in the petitioner's request for
a:

() sale

() transfer

() assignment

of the above-mentioned certificate

UTILITY OFFICIAL:

Signature

Date

Title

Telephone No.

Address: _____

Fax No.

**** APPENDIX B**

INTRASTATE NETWORK (if available)

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

1. **POP:** Addresses where located, and indicate if owned or leased.

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

2. **SWITCHES:** Address where located, by type of switch, and indicate if owned or leased.

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

3. **TRANSMISSION FACILITIES:** POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.

<u>POP-to-POP</u>	<u>OWNERSHIP</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

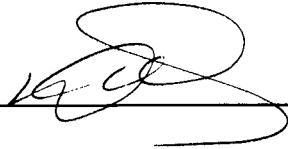
Signature		Date	2/7/01
Title	MANAGER	Telephone No.	863.314-001
Address:	4409 SUN N' LAKE BLVD.	Fax No.	
	SUITE F		
	SEBING FL 33872		

EXHIBIT A

Novus Communications Inc. is a newly formed entity whose sole shareholders, each owning 50% of the company's shares, are Drs. Dennis Bassetti and Gabriel Pulido. As a newly formed entity, Novus Communications Inc. has no audited financial statements for the past three years. In lieu of this showing, Applicant hereby submits its pro forma balance sheet and unaudited financial statements, signed by its sole officers. In further support of its financial qualifications, Novus Communications submits the unaudited balance sheet of its affiliate, Terranovus.net, Incorporated, an internet service provider; copies of the 1999 income tax returns of Dr. Bassetti and two of his business enterprises, Bassetti Development & Construction Inc. and Bassetti & Associates; as well as letters in support of Dr. Bassetti's financial qualifications prepared by SunTrust Bank, Mid-Florida, Highlands Independent Bank and the accounting firm of Carlson Statler.

Applicant intends to operate initially as a switchless reseller of alternative local exchange services. As its customer base grows, Applicant will also operate as a data competitive local exchange carrier ("data CLEC"), and furnish service through a combination of switches and other wireless facilities which Applicant will purchase and/or lease. Further information regarding these facilities will be furnished to the Commission as may be required by the Commission's rules and policies.

In its initial phase, Applicant will be financed through the operations of Terranovus.net and by Dr. Bassetti, whose financial resources are amply demonstrated in the materials submitted therewith. Based on this showing, Applicant respectfully submits that it has sufficient financial capability to provide alternative local exchange services in the State of Florida, to maintain such service, and to meet its lease and/or ownership obligations.

Novus Communications Inc.
Pro Forma
February 1, 2001

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>
Business Costs					
Equipment	91,000	175,000	525,000	775,000	1,250,000
Line Lease	54,000	108,000	250,000	500,000	750,000
Staff	40,000	150,000	375,000	500,000	650,000
Marketing	15,000	37,500	75,000	125,000	225,000
Overhead	<u>12,000</u>	<u>36,000</u>	<u>72,000</u>	<u>125,000</u>	<u>225,000</u>
TOTAL EXP.	212,000	506,500	1,297,000	2,025,000	3,100,000
ISP Revenue					
Dial-Up Access	264,000	968,000	1,672,000	2,640,000	3,960,000
DSL	0	0	78,000	156,000	312,000
Wireless	240,000	480,000	720,000	1,250,000	1,550,000
Lines	<u>0</u>	<u>0</u>	<u>120,000</u>	<u>240,000</u>	<u>480,000</u>
TOTAL INC.	504,000	1,448,000	2,590,000	4,286,000	6,302,000
Gross Profit	292,000	941,500	1,293,000	2,261,000	3,202,000

CERTIFICATION

The purpose of this certification is to confirm that I will financially support the construction and operations of Novus Communications Inc. in the State of Florida.

Date: 2/26/01



Dennis Bassetti
President and Chief Financial Officer

NOVUS COMMUNICATIONS, INCORPORATED
FINANCIAL STATEMENTS
DECEMBER 31, 2000

The NCT Group CPA's, L.L.P.
435 South Commerce Avenue
Sebring, FL 33870

The NCT Group CPA's, L.L.P.

Certified Public Accountants and Consultants

January 9, 2001

Board of Directors
Novus Communications, Incorporated
Sebring, Florida

Charles T. Nunez, CPA
David M. Touchton, CPA
Garry B. Perry, CPA
Walker D. Wilkerson, CPA
John H. Gray, Jr., CPA
Ben R. Adams, Jr., CPA
Tammy J. Hancock, CPA
Michael E. Carter, CPA

Daniel F. Dorrell, CPA
Consultant

We have compiled the accompanying statements of assets, liabilities and stockholders' equity-income tax basis of Novus Communications, Incorporated as of December 31, 2000, and the related statement of revenue and expenses-income tax basis for the years then ended, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The financial statements have been prepared on the accounting basis used by the Company for Federal income tax purposes, which is a comprehensive basis of accounting other than generally accepted accounting principles.

A compilation is limited to presenting information that is the representation of management in the form of financial statements. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or any other form of assurance on them.

Management has elected to omit substantially all of the disclosures ordinarily included in financial statements prepared on the income tax basis of accounting. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Company's financial statements. Accordingly, these financial statements are not designed for those who are not informed about such matters.

The NCT Group CPAs, L.L.P.

THE NCT GROUP CPA'S, L.L.P.

President


Dennis R. Bassetti

Vice President


Gabriel Allen Pulido



Novus Communications, Incorporated
Statement of Assets, Liabilities and Stockholders' Equity -
Income Tax Basis
December 31, 2000

ASSETS

Current Assets:

Cash	\$ 1,488
Due from shareholders	100
	<hr/>
Total Current Assets	1,588

Other Assets

Organizational costs	79
Accumulated amortization	(8)
	<hr/>
Total Other Assets	71

Total Assets	<hr/> <hr/> \$ 1,659
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LIABILITIES AND STOCKHOLDERS' EQUITY

Liabilities

Current Liabilities:

Due to shareholders	\$ 2,052
	<hr/>
Total Current Liabilities	2,052

Total Liabilities	<hr/> <hr/> 2,052
-------------------	-------------------

Stockholders' Equity:

Capital stock, \$1 par value, 1,000 shares authorized, 100 shares issued	100
Retained deficit	(493)
	<hr/>
Total Stockholders' Equity	(393)

Total Liabilities and Stockholders' Equity	<hr/> <hr/> \$ 1,659
--	----------------------

See Accountant's Report

Novus Communications, Incorporated
Statement of Revenues and Expenses - Income Tax Basis
For The Year Ended December 31, 2000

Revenues	\$ -
	<hr/>
Total Revenues	<hr/> <u>-</u>
Expenses	
Amortization expense	8
Bank service charges	147
Licenses and permits	88
Professional fees	250
	<hr/>
Total Expenses	493
	<hr/>
Net Loss	<u>\$ (493)</u>

See Accountant's Report

**TERRANOVUS.NET, INCORPORATED
FINANCIAL STATEMENTS
DECEMBER 31, 2000**

**The NCT Group CPA's, L.L.P.
435 South Commerce Avenue
Sebring, FL 33870**

The NCT Group CPA's, L.L.P.

Certified Public Accountants and Consultants

February 2, 2001

Charles T. Nunez, CPA
David M. Touchton, CPA
Garry B. Perry, CPA
Walker D. Wilkerson, CPA
John H. Gray, Jr., CPA
Ben R. Adams, Jr., CPA
Tammy J. Hancock, CPA
Michael E. Carter, CPA

Daniel F. Dorrell, CPA
Consultant

Board of Directors
Terranovus.net, Incorporated
Sebring, Florida

We have compiled the accompanying statements of assets, liabilities and stockholders' equity-income tax basis of Terranovus.net, Incorporated (an S corporation) as of December 31, 2000, and the related statement of revenue and expenses-income tax basis for the years then ended, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The financial statements have been prepared on the accounting basis used by the Company for Federal income tax purposes, which is a comprehensive basis of accounting other than generally accepted accounting principles.

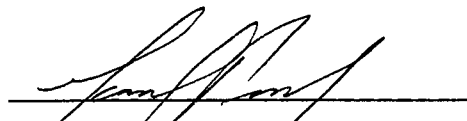
A compilation is limited to presenting information that is the representation of management in the form of financial statements. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or any other form of assurance on them.

Management has elected to omit substantially all of the disclosures ordinarily included in financial statements prepared on the income tax basis of accounting. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Company's financial statements. Accordingly, these financial statements are not designed for those who are not informed about such matters.

The NCT Group CPA's, LLP

THE NCT GROUP CPA'S, L.L.P.

President



Gabriel Allen Pulido

Vice President



Dennis R. Bassetti



811 E. MAIN STREET • P. O. BOX 1076 • LAKELAND, FLORIDA 33802-1076 • (863) 683-6783 • FAX (863) 687-2220

435 SOUTH COMMERCE AVENUE • SEBRING, FLORIDA 33870-3702 • (863) 385-1577 • FAX (863) 385-0647

202 SECURITY SQUARE BUSINESS CENTER • P. O. BOX 2239 • WINTER HAVEN, FLORIDA 33883-2239 • (863) 294-4131 • FAX (863) 294-3927

Terranovus.net, Incorporated
Statement of Assets, Liabilities and Stockholders' Equity -
Income Tax Basis
December 31, 2000

ASSETS

Current Assets:

Cash	\$ 566
Due from shareholders	100
Total Current Assets	<u>666</u>

Equipment and Furniture:

Computer equipment	74,161
Furniture	1,497
Office equipment	150
	<u>75,808</u>

Less accumulated depreciation	<u>(7,320)</u>
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Net Equipment and Furniture	68,488
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Software, net of \$2,697 accumulated amortization	8,104
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Total Assets	<u><u>\$ 77,258</u></u>
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LIABILITIES AND STOCKHOLDERS' EQUITY

Liabilities

Current Liabilities:

Line of credit	\$ 13,925
Current portion of long-term debt	12,565
Total Current Liabilities	<u>26,490</u>

Long-term debt	61,491
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Less current portion	<u>(12,565)</u>
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Long-term debt, net	48,926
---------------------	--------

Due to shareholders	<u>53,209</u>
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Total Liabilities	<u>128,625</u>
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Stockholders' Equity:

Capital stock, \$1 par value, 1,000 shares authorized, 100 shares issued	100
--	-----

Retained deficit	(51,467)
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Total Stockholders' Equity	<u>(51,367)</u>
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Total Liabilities and Stockholders' Equity	<u><u>\$ 77,258</u></u>
--	-------------------------

See Accountant's Report

Terranovus.net, Incorporated
Statement of Revenues and Expenses - Income Tax Basis
For The Year Ended December 31, 2000

Revenues	\$ 6,888
Operating Expenses:	
Advertising	1,852
Bank charges	433
Depreciation and amortization	10,017
Insurance	338
Interest	2,569
Miscellaneous	956
Supplies	5,889
Postage	553
Professional fees	6,929
Rent	125
Repairs and maintenance	1,984
Salaries	550
Taxes	64
Telephone	22,960
Travel and entertainment	356
Utilities	2,780
	<hr/>
Total Operating Expenses	58,355
	<hr/>
Net Loss	(51,467)
	<hr/>
Beginning Retained Earnings	-
Ending Retained Deficit	<u><u>\$ (51,467)</u></u>

See Accountant's Report

Do not file this form unless the corporation has timely filed Form 2553 to elect to be an S corporation.

Department of the Treasury Internal Revenue Service

For calendar year 1999, or tax year beginning, and ending

Header section containing: A Effective date of election as an S corporation (02/22/1995), B Business code no. (621111), C Employer identification number (59-3297662), D Date incorporated (02/22/1995), E Total assets (\$104013), F Check applicable boxes, G Enter number of shareholders (1), and company name (BASSETTI & ASSOCIATES MD PA).

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Main table with columns for Income (lines 1-6), Deductions (lines 7-21), and Tax and Payments (lines 22-27). Includes sub-sections for Statement 1 and Statement 2.

Table for Tax and Payments (lines 22-27) including tax calculations, payments, and overpayment/underpayment amounts.

Please Sign Here section with signature line, date, and title for the officer.

Preparer's Use Only section containing: Preparer's signature, date (09/11/00), firm name (Carlson Statler Accountants), address (3531 U.S. 27 South Sebring, FL), E.I. No. (65-0955272), and ZIP code (33870-5426).

Schedule A Cost of Goods Sold

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	

9a Check all methods used for valuing closing inventory:

(i) Cost as described in Regulations section 1.471-3

(ii) Lower of cost or market as described in Regulations section 1.471-4

(iii) Other (specify method used and attach explanation) ▶

b Check if there was a writedown of "subnormal" goods as described in Regulations section 1.471-2(c) ▶

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO 9d

e Do the rules of section 263A (for property produced or acquired for resale) apply to the corporation? Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? Yes No
If "Yes," attach explanation.

Schedule B Other Information

	Yes	No
1 Check method of accounting: (a) <input checked="" type="checkbox"/> Cash (b) <input type="checkbox"/> Accrual (c) <input type="checkbox"/> Other (specify) ▶		
2 Refer to the list on pages 26 through 28 of the instructions and state the corporation's principal: (a) Business activity ▶ PHYSICIAN (b) Product or service ▶ MEDICAL SERVICES		
3 Did the corporation at the end of the tax year own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a schedule showing: (a) name, address, and employer identification number and (b) percentage owned		X
4 Was the corporation a member of a controlled group subject to the provisions of section 1561?		X
5 At any time during calendar year 1999, did the corporation have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 15 of the instructions for exceptions and filing requirements for Form TD F 90-22.1.) If "Yes," enter the name of the foreign country ▶		X
6 During the tax year, did the corporation receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the corporation may have to file Form 3520. See page 15 of the instructions		X
7 Check this box if the corporation has filed or is required to file Form 8264, Application for Registration of a Tax Shelter ▶ <input type="checkbox"/>		
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ <input type="checkbox"/> If so, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
9 If the corporation: (a) filed its election to be an S corporation after 1986, (b) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to its basis (or the basis of any other property) in the hands of a C corporation, and (c) has net unrealized built-in gain (defined in section 1374(d)(1)) in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years ▶ \$ <input type="text"/>		
10 Check this box if the corporation had accumulated earnings and profits at the close of the tax year ▶ <input type="checkbox"/>		

Schedule K Shareholders' Shares of Income, Credits, Deductions, etc.

		(a) Pro rata share items	(b) Total amount		
Income (Loss)	1	Ordinary income (loss) from trade or business activities (page 1, line 21)	1	155768.	
	2	Net income (loss) from rental real estate activities (attach Form 8825)	2		
	3a	Gross income from other rental activities	3a		
	b	Expenses from other rental activities (attach schedule)	3b		
	c	Net income (loss) from other rental activities. Subtract line 3b from line 3a	3c		
	4	Portfolio income (loss):			
	a	Interest income	4a		
	b	Ordinary dividends	4b		
	c	Royalty income	4c		
	d	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	4d		
Deductions	e	Net long-term capital gain (loss) (attach Schedule D (Form 1120S)): (1) 28% rate gain (loss) (2) Total for year	4e(2)		
	f	Other portfolio income (loss) (attach schedule)	4f		
	5	Net section 1231 gain (loss) (other than due to casualty or theft) (attach Form 4797)	5		
	6	Other income (loss) (attach schedule)	6		
	7	Charitable contributions (attach schedule) Statement 3	7	3970.	
	8	Section 179 expense deduction (attach Form 4562)	8	12352.	
	9	Deductions related to portfolio income (loss) (itemize)	9		
	10	Other deductions (attach schedule)	10		
	Investment Interest	11a	Interest expense on investment debts	11a	
		b	(1) Investment income included on lines 4a, 4b, 4c, and 4f above (2) Investment expenses included on line 9 above	11b(1) 11b(2)	
12a		Credit for alcohol used as a fuel (attach Form 6478)	12a		
Credits	b	Low-income housing credit: (1) From partnerships to which section 42(j)(5) applies for property placed in service before 1990 (2) Other than on line 12b(1) for property placed in service before 1990 (3) From partnerships to which section 42(j)(5) applies for property placed in service after 1989 (4) Other than on line 12b(3) for property placed in service after 1989	12b(1) 12b(2) 12b(3) 12b(4)		
	c	Qualified rehabilitation expenditures related to rental real estate activities (attach Form 3468)	12c		
	d	Credits (other than credits shown on lines 12b and 12c) related to rental real estate activities	12d		
	e	Credits related to other rental activities	12e		
	13	Other credits	13		
	Adjustments and Tax Preference Items	14a	Depreciation adjustment on property placed in service after 1986	14a	-2342.
		b	Adjusted gain or loss	14b	
c		Depletion (other than oil and gas)	14c		
d		(1) Gross income from oil, gas, or geothermal properties (2) Deductions allocable to oil, gas, or geothermal properties	14d(1) 14d(2)		
e		Other adjustments and tax preference items (attach schedule)	14e		
Foreign Taxes	15a	Type of income			
	b	Name of foreign country or U.S. possession			
	c	Total gross income from sources outside the United States (attach schedule)	15c		
	d	Total applicable deductions and losses (attach schedule)	15d		
	e	Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	15e		
	f	Reduction in taxes available for credit (attach schedule)	15f		
	g	Other foreign tax information (attach schedule)	15g		
Other	16	Section 59(e)(2) expenditures: a Type b Amount	16a 16b		
	17	Tax-exempt interest income	17		
	18	Other tax-exempt income	18		
	19	Nondeductible expenses Statement 4	19	1268.	
	20	Total property distributions (including cash) other than dividends reported on line 22 below	20	90093.	
	21	Other items and amounts required to be reported separately to shareholders (attach schedule) Statement 5			
	22	Total dividend distributions paid from accumulated earnings and profits	22		
23	Income (loss). (Required only if Schedule M-1 must be completed.) Combine lines 1 through 6 in column (b). From the result, subtract the sum of lines 7 through 11a, 15e, and 16b	23	139446.		

Schedule K Shareholders' Shares of Income, Credits, Deductions, etc.

		(a) Pro rata share items		(b) Total amount	
Income (Loss)	1	Ordinary income (loss) from trade or business activities (page 1, line 21)		1	155768.
	2	Net income (loss) from rental real estate activities (attach Form 8825)		2	
	3a	Gross income from other rental activities	3a		
	b	Expenses from other rental activities (attach schedule)	3b		
	c	Net income (loss) from other rental activities. Subtract line 3b from line 3a		3c	
	4	Portfolio income (loss):			
	a	Interest income		4a	
	b	Ordinary dividends		4b	
	c	Royalty income		4c	
	d	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))		4d	
e	Net long-term capital gain (loss) (attach Schedule D (Form 1120S)):				
	(1) 28% rate gain (loss) ▶				
	(2) Total for year ▶		4e(2)		
	f Other portfolio income (loss) (attach schedule)		4f		
	5 Net section 1231 gain (loss) (other than due to casualty or theft) (attach Form 4797)		5		
	6 Other income (loss) (attach schedule)		6		
Deductions	7	Charitable contributions (attach schedule) Statement 3		7	3970.
	8	Section 179 expense deduction (attach Form 4562)		8	12352.
	9	Deductions related to portfolio income (loss) (itemize)		9	
	10	Other deductions (attach schedule)		10	
Investment Interest	11a	Interest expense on investment debts		11a	
	b	(1) Investment income included on lines 4a, 4b, 4c, and 4f above		11b(1)	
	(2) Investment expenses included on line 9 above		11b(2)		
Credits	12a	Credit for alcohol used as a fuel (attach Form 6478)		12a	
	b	Low-income housing credit:			
		(1) From partnerships to which section 42(j)(5) applies for property placed in service before 1990		12b(1)	
		(2) Other than on line 12b(1) for property placed in service before 1990		12b(2)	
		(3) From partnerships to which section 42(j)(5) applies for property placed in service after 1989		12b(3)	
		(4) Other than on line 12b(3) for property placed in service after 1989		12b(4)	
	c	Qualified rehabilitation expenditures related to rental real estate activities (attach Form 3468)		12c	
d	Credits (other than credits shown on lines 12b and 12c) related to rental real estate activities		12d		
e	Credits related to other rental activities		12e		
	13 Other credits		13		
Adjustments and Tax Preference Items	14a	Depreciation adjustment on property placed in service after 1986		14a	-2342.
	b	Adjusted gain or loss		14b	
	c	Depletion (other than oil and gas)		14c	
	d	(1) Gross income from oil, gas, or geothermal properties		14d(1)	
		(2) Deductions allocable to oil, gas, or geothermal properties		14d(2)	
e	Other adjustments and tax preference items (attach schedule)		14e		
Foreign Taxes	15a	Type of income ▶			
	b	Name of foreign country or U.S. possession ▶			
	c	Total gross income from sources outside the United States (attach schedule)		15c	
	d	Total applicable deductions and losses (attach schedule)		15d	
	e	Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued		15e	
	f	Reduction in taxes available for credit (attach schedule)		15f	
	g	Other foreign tax information (attach schedule)		15g	
Other	16	Section 59(e)(2) expenditures: a Type ▶			
	b	Amount		16b	
	17	Tax-exempt interest income		17	
	18	Other tax-exempt income		18	
	19	Nondeductible expenses Statement 4		19	1268.
	20	Total property distributions (including cash) other than dividends reported on line 22 below		20	90093.
	21	Other items and amounts required to be reported separately to shareholders (attach schedule) Statement 5			
	22	Total dividend distributions paid from accumulated earnings and profits		22	
23	Income (loss). (Required only if Schedule M-1 must be completed.) Combine lines 1 through 6 in column (b). From the result, subtract the sum of lines 7 through 11a, 15e, and 16b		23	139446.	

Schedule L Balance Sheets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		16112.		83333.
2 a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. Government obligations				
5 Tax-exempt securities				
6 Other current assets Stmt 7		26341.		13091.
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments				
10 a Buildings and other depreciable assets	75157.		87510.	
b Less accumulated depreciation	63782.	11375.	80611.	6899.
11 a Depletable assets				
b Less accumulated depletion				
12 Land (net of any amortization)				
13 a Intangible assets (amortizable only)				
b Less accumulated amortization				
14 Other assets Stmt 8		690.		690.
15 Total assets		54518.		104013.
Liabilities and Shareholders' Equity				
16 Accounts payable		75.		7624.
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities Stmt 9		7023.		984.
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities				
22 Capital stock		100.		
23 Additional paid-in capital				
24 Retained earnings Stmt 10		47320.		95405.
25 Adjustments to shareholders' equity				
26 Less cost of treasury stock		()		()
27 Total liabilities and shareholders' equity		54518.		104013.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return (You are not required to complete this schedule if the total assets on line 15, column (d), of Schedule L are less than \$25,000.)

1 Net income (loss) per books	138178.	5 Income recorded on books this year not included on Schedule K, lines 1 through 6 (itemize):	
2 Income included on Schedule K, lines 1 through 6, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 11a, 15e, and 16b (itemize):		6 Deductions included on Schedule K, lines 1 through 11a, 15e, and 16b, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	
b Travel and entertainment \$ 1268.	1268.	7 Add lines 5 and 6	
4 Add lines 1 through 3	139446.	8 Income (loss) (Schedule K, line 23). Line 4 less line 7	139446.

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	47320.		
2 Ordinary income from page 1, line 21	155768.		
3 Other additions			
4 Loss from page 1, line 21	()		
5 Other reductions Stmt 6	(17590.)		
6 Combine lines 1 through 5	185498.		
7 Distributions other than dividend distributions	90093.		
8 Balance at end of tax year. Subtract line 7 from line 6	95405.		

Depreciation and Amortization
(Including Information on Listed Property) **OTHER**

▶ See separate instructions. ▶ Attach this form to your return.

Name(s) shown on return BASSETTI & ASSOCIATES MD PA	Business or activity to which this form relates Other Depreciation	Identifying number 59-3297662
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Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)

1 Maximum dollar limitation. If an enterprise zone business, see instructions	1	19000.
2 Total cost of section 179 property placed in service. See instructions	2	12352.
3 Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	19000.

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
ADVANCED TELEPHONE	160.	160.	
ADVANCED TELEPHONE	1206.	1206.	
COMPUTER SYSTEM	3500.	3500.	
COMPUTER ACCOUNTING	1074.	1074.	
REHAB EQUIPMENT	6412.	6412.	
7 Listed property. Enter amount from line 27	7		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7			12352.
9 Tentative deduction. Enter the smaller of line 5 or line 8			12352.
10 Carryover of disallowed deduction from 1998			
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5			19000.
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11			12352.
13 Carryover of disallowed deduction to 2000. Add lines 9 and 10, less line 12	▶ 13		

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1999 Tax Year (Do Not Include Listed Property.)

Section A - General Asset Account Election

14 If you are making the election under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions

Section B - General Depreciation System (GDS) (See instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Alternative Depreciation System (ADS) (See instructions.)

16 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part III Other Depreciation (Do Not Include Listed Property.) (See instructions.)

17 GDS and ADS deductions for assets placed in service in tax years beginning before 1999	17	4476.
18 Property subject to section 168(f)(1) election	18	
19 ACRS and other depreciation	19	

Part IV Summary (See instructions.)

20 Listed property. Enter amount from line 26	20	
21 Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	21	4476.
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

Part V Listed Property - Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement
 Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

23a Do you have evidence to support the business/investment use claimed? Yes No 23b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	----------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

24 Property used more than 50% in a qualified business use:

		%						
		%						
		%						

25 Property used 50% or less in a qualified business use:

		%				S/L		
		%				S/L		
		%				S/L		

26 Add amounts in column (h). Enter the total here and on line 20, page 1 **26**

27 Add amounts in column (i). Enter the total here and on line 7, page 1 **27**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
28 Total business/investment miles driven during the year (DO NOT include commuting miles)												
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year. Add lines 28 through 30												
32 Was the vehicle available for personal use during off-duty hours?												
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 1999 tax year:					
41 Amortization of costs that began before 1999					
42 Total. Enter here and on "Other Deductions" or "Other Expenses" line of your return					

Depreciation and Amortization Details Other Depreciation

OTHER

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
10	WINDOW BLINDS							
	123195	200DB	7.00	17	2584.	2584.	2584.	0.
11	WALLPAPER							
	010296	200DB	7.00	17	1971.		1110.	246.
12	WINDOW TREATMENTS							
	020896	200DB	7.00	17	1450.		816.	181.
13	EXAM TABLES							
	120195	200DB	7.00	17	1800.	1800.	1800.	0.
14	EXAM TABLES							
	010296	200DB	7.00	17	8502.	8502.	8502.	0.
15	3350 ECG 3 CHANNEL							
	011596	200DB	5.00	17	4917.		3501.	566.
16	HOLTER DISC RECORDER							
	111996	200DB	5.00	17	2675.		1905.	308.
27	SPIRIMETRICES MEDIC							
	092298	200DB	7.00	17	789.	789.	789.	0.
28	SOFTWARE							
	110498	200DB	5.00	17	4295.	4295.	4295.	0.
29	#ADVANCED TELEPHONE							
	010199	200DB	7.00	15C	160.	160.		160.
30	#ADVANCED TELEPHONE							
	010199	200DB	7.00	15C	1206.	1206.		1206.
31	#COMPUTER SYSTEM							
	010199	200DB	5.00	15B	3500.	3500.		3500.
32	#COMPUTER ACCOUNTING							
	082599	200DB	5.00	15B	1074.	1074.		1074.
33	#REHAB EQUIPMENT							
	101899	200DB	7.00	15C	6412.	6412.		6412.
	* Other Total Other							
					41335.	30322.	25302.	13653.
	Furniture & Fixtures							
5	REFRIGERATIONS							
	013096	200DB	7.00	17	1282.	1282.	1282.	0.
6	OFFICE CHAIRS							
	120795	200DB	7.00	17	2140.		2140.	0.
7	CABINETRY							
	012996	200DB	7.00	17	1906.		1072.	238.
8	OFFICE FURNITURE							
	010396	200DB	7.00	17	3253.		1831.	406.
9	CHART CABINETS							
	050996	200DB	7.00	17	2666.		1500.	333.
	* Other Total Furniture & Fixtures							
					11247.	1282.	7825.	977.
	Machinery & Equipment							
10	KIDATA 520 PRINTER							
	032395	200DB	5.00	17	525.		525.	0.
2	IBM 486DX266 COMPUTER							
	010496	200DB	5.00	17	1060.		1060.	0.
3	GATEWAY P5-133XL COMPUTER							
	050196	200DB	5.00	17	3014.		2146.	347.
4	CATEGORY 5 COMPUTER CAB							
	011596	200DB	5.00	17	357.		254.	41.

Depreciation and Amortization De Other Depreciation

OTHER

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
17	PICTURES							
	012496	200DB	7.00	17	1199.		675.	150.
18	TELEPHONE SYSTEM							
	110895	200DB	7.00	17	1443.		1443.	0.
19	AUDIO SYSTEM							
	061296	200DB	7.00	17	951.		535.	119.
20	TELEPHONE SYSTEM							
	022495	200DB	7.00	17	1279.		1279.	0.
21	TELEPHONE SYSTEM							
	013096	200DB	7.00	17	6007.		6007.	0.
22	OFFICE EQUIPMENT							
	122295	200DB	5.00	17	789.		789.	0.
23	VACUUM CLEANER							
	011196	200DB	7.00	17	357.	357.	357.	0.
25	COMPUTER SOFTWARE							
	071598	200DB	5.00	17	3500.	3500.	3500.	0.
26	COMPUTER							
	082498	200DB	5.00	17	1070.	1070.	1070.	0.
	* Other Total Machinery & Equipment				21551.	4927.	19640.	657.
	Transportation Equipment							
2492	ACURA LEGEND							
	102395	200DB	5.00	17	13375.		11016.	1541.
	* Other Transportation Equipment				13375.	0.	11016.	1541.
	* Grand Total Other Depreciation				87508.	36531.	63783.	16828.
	Less: Section 179 Allocated to Shareholders							12352.
	Net Depreciation							4476.

Form 1120S	Compensation of Officers			Statement	1
a) Name of officer	(b) Social security number	(c) Time devoted to business	Pct of stk	(f) Amount of compensation	
DENNIS R BASSETTI	558-68-3511	2000	100.00%	140120.	
Total Compensation of Officers				140120.	
Less: Compensation Claimed Elsewhere					
Total to Form 1120S, Page 1, Line 7				140120.	

Form 1120S	Other Deductions		Statement	2
Description				Amount
CLINICAL SUPPLIES				15128.
AUTOMOBILE				14505.
BANK SERVICE CHARGES				1051.
CONTRACT LABOR				281077.
CONTINUING EDUCATION				9832.
DUES & SUBSCRIPTIONS				3554.
CLIENT GIFTS				1808.
OFFICE EXPENSE				22230.
TELEPHONE				16265.
EQUIPMENT RENTAL				18159.
INSURANCE				19708.
POSTAGE & DELIVERY				4049.
PROFESSIONAL FEES				9420.
SECURITY EXP				449.
GAS & ELECTRIC				5139.
Meals and Entertainment				1269.
Total to Form 1120S, Page 1, Line 19				423643.

Schedule K	Charitable Contributions			Statement	3
Description	50% Limit	30% Limit	20% Limit		
CASH CONTRIBUTIONS	3970.				
Totals to Schedule K, Line 7	3970.				

Schedule K	Nondeductible Expenses	Statement	4
Description		Amount	
Excluded Meals and Entertainment Expenses		1268.	
Total to Schedule K, Line 19		1268.	

Schedule K	Other Items, Line 21	Statement	5
Description		Amount	
Medical Insurance Premiums for More Than 2% Shareholder		4933.	

Schedule M-2	Accumulated Adjustments Account- Other Reductions	Statement	6
Description		Amount	
Charitable Contributions		3970.	
Section 179 Expense Deduction		12352.	
Excluded Meals and Entertainment Expenses		1268.	
Total to Schedule M-2, Line 5 - Column (a)		17590.	

Schedule L	Other Current Assets	Statement	7
Description	Beginning of Tax Year	End of Tax Year	
DUE FROM D&W	13000.		
DUE FROM OTHERS	11500.	11500.	
EMPLOYEE LOANS	1841.	1541.	
RETURNED CHECKS		50.	
Total to Schedule L, Line 6	26341.	13091.	

Schedule L	Other Assets	Statement	8
<u>Description</u>		<u>Beginning of Tax Year</u>	<u>End of Tax Year</u>
DEPOSITS		690.	690.
Total to Schedule L, Line 14		690.	690.

Schedule L	Other Current Liabilities	Statement	9
<u>Description</u>		<u>Beginning of Tax Year</u>	<u>End of Tax Year</u>
PAYROLL TAXES		7023.	984.
Total to Schedule L, Line 18		7023.	984.

Schedule L	Analysis of Total Retained Earnings per Books	Statement	10
<u>Description</u>		<u>Amount</u>	
Balance at beginning of year - Schedule L, line 24, column (b)		47320.	
Net income per books - Schedule M-1, line 1		138178.	
Distributions		-90093.	
Other increases (decreases)			
Balance at end of year - Schedule L, line 24, column (d)		95405.	

▶ Do not file this form unless the corporation has timely filed Form 2553 to elect to be an S corporation.

1999

Department of the Treasury
Internal Revenue Service

For calendar year 1999, or tax year beginning

, and ending

A Effective date of election as an S corporation 01/01/1993	Use IRS label. Otherwise, please print or type.	Name Bassetti Development & Construction Inc	C Employer identification number 59-3000460
B Business code no. (see pages 26-28) 531120		Number, street, and room or suite no. (If a P.O. box, see page 10 of the instructions.) 4409 Sun n Lakes Blvd Suite E	D Date incorporated 01/16/1990
		City or town, state, and ZIP code Sebring, FL 33872	E Total assets (see page 10) \$ 1440644.

F Check applicable boxes: (1) Initial return (2) Final return (3) Change in address (4) Amended return

G Enter number of shareholders in the corporation at end of the tax year **1**

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1 a	b	c	1c
	2	Cost of goods sold (Schedule A, line 8)		
3	Gross profit. Subtract line 2 from line 1c			3
4	Net gain (loss) from Form 4797, Part II, line 18 (attach Form 4797)			4
5	Other income (loss) (attach schedule)			5
6	Total income (loss). Combine lines 3 through 5			6
Deductions (See instructions for limitations)	7	Statement 1		7
	8	Salaries and wages (less employment credits)		8
	9	Repairs and maintenance		9
	10	Bad debts		10
	11	Rents		11
	12	Taxes and licenses		12
	13	Interest		13
	14 a	14a		14c
	b	14b		
	c	Subtract line 14b from line 14a		
	15	Depletion (Do not deduct oil and gas depletion.)		15
16	Advertising		16	
17	Pension, profit-sharing, etc., plans		17	
18	Employee benefit programs		18	
19	Other deductions (attach schedule)		19	
20	Total deductions. Add the amounts shown in the far right column for lines 7 through 19		20	
21	Ordinary income (loss) from trade or business activities. Subtract line 20 from line 6		21	0.
Tax and Payments	22 a	22a		22c
	b	22b		
	c	Add lines 22a and 22b		
	23 a	23a		23d
	b	23b		
	c	23c		
	d	Add lines 23a through 23c		
24	Estimated tax penalty. Check if Form 2220 is attached <input type="checkbox"/>		24	
25	Tax due. If the total of lines 22c and 24 is larger than line 23d, enter amount owed. See instructions for depositary method of payment		25	
26	Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid		26	
27	Enter amount of line 26 you want: Credited to 2000 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		27	

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ Title: **President**

Paid Preparer's Use Only

Preparer's signature: _____ Date: **08/08/00** Check if self-employed Preparer's SSN or PTIN: **266-33-1780**

Firm's name (or yours if self-employed) and address: **Carlson Statler Accountants
3531 U.S. 27 South
Sebring, FL**

E.I. No.: **65-0955272**
ZIP code: **33870-5426**

Schedule A Cost of Goods Sold

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	

9a Check all methods used for valuing closing inventory:

(i) Cost as described in Regulations section 1.471-3

(ii) Lower of cost or market as described in Regulations section 1.471-4

(iii) Other (specify method used and attach explanation) _____

b Check if there was a writedown of "subnormal" goods as described in Regulations section 1.471-2(c)

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO 9d _____

e Do the rules of section 263A (for property produced or acquired for resale) apply to the corporation? Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? Yes No
If "Yes," attach explanation.

Schedule B Other Information

	Yes	No
1 Check method of accounting: (a) <input checked="" type="checkbox"/> Cash (b) <input type="checkbox"/> Accrual (c) <input type="checkbox"/> Other (specify) _____		
2 Refer to the list on pages 26 through 28 of the instructions and state the corporation's principal: (a) Business activity <u>Real Estate Rental</u> (b) Product or service <u>Residential/Commercial</u>		
3 Did the corporation at the end of the tax year own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a schedule showing: (a) name, address, and employer identification number and (b) percentage owned		X
4 Was the corporation a member of a controlled group subject to the provisions of section 1561?		X
5 At any time during calendar year 1999, did the corporation have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 15 of the instructions for exceptions and filing requirements for Form TD F 90-22.1.) If "Yes," enter the name of the foreign country _____		X
6 During the tax year, did the corporation receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the corporation may have to file Form 3520. See page 15 of the instructions		X
7 Check this box if the corporation has filed or is required to file Form 8264, Application for Registration of a Tax Shelter <input type="checkbox"/>		
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If so, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
9 If the corporation: (a) filed its election to be an S corporation after 1986, (b) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to its basis (or the basis of any other property) in the hands of a C corporation, and (c) has net unrealized built-in gain (defined in section 1374(d)(1)) in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years _____ \$ _____		
10 Check this box if the corporation had accumulated earnings and profits at the close of the tax year <input type="checkbox"/>		

Schedule K Shareholders' Share of Income, Credits, Deductions, etc.

		(a) Pro rata share items	(b) Total amount	
Income (Loss)	1	Ordinary income (loss) from trade or business activities (page 1, line 21)	1	
	2	Net income (loss) from rental real estate activities (attach Form 8825)	2	39812.
	3a	Gross income from other rental activities	3a	
	b	Expenses from other rental activities (attach schedule)	3b	
	c	Net income (loss) from other rental activities. Subtract line 3b from line 3a	3c	
	4	Portfolio income (loss):		
	a	Interest income	4a	
	b	Ordinary dividends	4b	
	c	Royalty income	4c	
	d	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	4d	
Deductions	e	Net long-term capital gain (loss) (attach Schedule D (Form 1120S)):		
	(1)	28% rate gain (loss) ▶	4e(1)	
	(2)	Total for year ▶	4e(2)	
	f	Other portfolio income (loss) (attach schedule)	4f	
	5	Net section 1231 gain (loss) (other than due to casualty or theft) (attach Form 4797)	5	
	6	Other income (loss) (attach schedule)	6	
	7	Charitable contributions (attach schedule)	7	
	8	Section 179 expense deduction (attach Form 4562)	8	
	9	Deductions related to portfolio income (loss) (itemize)	9	
	10	Other deductions (attach schedule)	10	
Investment Interest	11a	Interest expense on investment debts	11a	
	b (1)	Investment income included on lines 4a, 4b, 4c, and 4f above	11b(1)	
	(2)	Investment expenses included on line 9 above	11b(2)	
Credits	12a	Credit for alcohol used as a fuel (attach Form 6478)	12a	
	b	Low-income housing credit:		
	(1)	From partnerships to which section 42(j)(5) applies for property placed in service before 1990	12b(1)	
	(2)	Other than on line 12b(1) for property placed in service before 1990	12b(2)	
	(3)	From partnerships to which section 42(j)(5) applies for property placed in service after 1989	12b(3)	
	(4)	Other than on line 12b(3) for property placed in service after 1989	12b(4)	
	c	Qualified rehabilitation expenditures related to rental real estate activities (attach Form 3468)	12c	
d	Credits (other than credits shown on lines 12b and 12c) related to rental real estate activities	12d		
e	Credits related to other rental activities	12e		
13	Other credits	13		
Adjustments and Tax Preference Items	14a	Depreciation adjustment on property placed in service after 1986	14a	1098.
	b	Adjusted gain or loss	14b	
	c	Depletion (other than oil and gas)	14c	
	d (1)	Gross income from oil, gas, or geothermal properties	14d(1)	
	(2)	Deductions allocable to oil, gas, or geothermal properties	14d(2)	
e	Other adjustments and tax preference items (attach schedule)	14e		
Foreign Taxes	15a	Type of income ▶		
	b	Name of foreign country or U.S. possession ▶		
	c	Total gross income from sources outside the United States (attach schedule)	15c	
	d	Total applicable deductions and losses (attach schedule)	15d	
	e	Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	15e	
	f	Reduction in taxes available for credit (attach schedule)	15f	
	g	Other foreign tax information (attach schedule)	15g	
Other	16	Section 59(e)(2) expenditures: a Type ▶		
	b	Amount	16b	
	17	Tax-exempt interest income	17	
	18	Other tax-exempt income	18	
	19	Nondeductible expenses	19	
	20	Total property distributions (including cash) other than dividends reported on line 22 below	20	29273.
	21	Other items and amounts required to be reported separately to shareholders (attach schedule)		
22	Total dividend distributions paid from accumulated earnings and profits	22		
23	Income (loss). (Required only if Schedule M-1 must be completed.) Combine lines 1 through 6 in column (b). From the result, subtract the sum of lines 7 through 11a, 15e, and 16b	23	39812.	

Schedule L Balance Sheets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		14123.		5803.
2 a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. Government obligations				
5 Tax-exempt securities				
6 Other current assets				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments				
10 a Buildings and other depreciable assets	1462972.		1462972.	
b Less accumulated depreciation	154099.	1308873.	210641.	1252331.
11 a Depletable assets				
b Less accumulated depletion				
12 Land (net of any amortization)		182510.		182510.
13 a Intangible assets (amortizable only)				
b Less accumulated amortization				
14 Other assets				
15 Total assets		1505506.		1440644.
Liabilities and Shareholders' Equity				
16 Accounts payable		800.		1782.
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities Stmt 4		412.		1802.
19 Loans from shareholders		137559.		137559.
20 Mortgages, notes, bonds payable in 1 year or more		1386635.		1308262.
21 Other liabilities Stmt 5		3425.		4025.
22 Capital stock		100.		100.
23 Additional paid-in capital				
24 Retained earnings Stmt 6		-23425.		-12886.
25 Adjustments to shareholders' equity				
26 Less cost of treasury stock		()		()
27 Total liabilities and shareholders' equity		1505506.		1440644.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return (You are not required to complete this schedule if the total assets on line 15, column (d), of Schedule L are less than \$25,000.)

1 Net income (loss) per books	39812.	5 Income recorded on books this year not included on Schedule K, lines 1 through 6 (itemize):	
2 Income included on Schedule K, lines 1 through 6, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 11a, 15e, and 16b (itemize):		6 Deductions included on Schedule K, lines 1 through 11a, 15e, and 16b, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	
b Travel and entertainment \$		7 Add lines 5 and 6	
4 Add lines 1 through 3	39812.	8 Income (loss) (Schedule K, line 23). Line 4 less line 7	39812.

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	-23425.		
2 Ordinary income from page 1, line 21			
3 Other additions Stmt 3	39812.		
4 Loss from page 1, line 21	()		
5 Other reductions	()	()	
6 Combine lines 1 through 5	16387.		
7 Distributions other than dividend distributions	16387.		
8 Balance at end of tax year. Subtract line 7 from line 6	0.		

Depreciation and Amortization De Apartments and Commercial Office Build R- 1

Asset Number	Description of property					Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	Date placed in service	Method/ IRC sec.	Life or rate	Line No.					
1	Building/Granada Triple								
	063090	SL	27.50	19		102921.		35239.	3743.
2	Building/4409 Sun n Lake								
	010296	SL	39.00	19		647768.		49135.	16609.
3	Building/4411 Sun n Lake								
	010197	SL	39.00	19		589630.		29608.	15119.
4	Fernway Duplex								
	010290	SL	27.50	19		61492.		17356.	2236.
5	Shelves for all Units								
	083091	200DB	7.00	17		832.	832.	832.	0.
6	Window Treatment								
	021496	200DB	7.00	17		2166.		1219.	271.
7	Equipment								
	010196	200DB	7.00	17		36621.		19942.	4574.
8	Appliances								
	123190	200DB	7.00	17		3500.		3500.	0.
9	Office Equipment								
	013194	200DB	5.00	17		5000.		4573.	288.
10	Furniture								
	102598	200DB	7.00	17		2551.		91.	703.
11	Land								
	020290	L				10.			0.
12	Fernway Land								
	010290	L				9500.			0.
13	Land/4409 Sun n Lake Blvd								
	010296	L				75000.			0.
14	Land/4411 Sun n Lake Blvd								
	010197	L				98000.			0.
15	A/C Unit 4409 Sun n Lake Blvd								
	050197	200DB	7.00	17		760.		295.	133.
16	Resurface								
	100298	SL	39.00	17		2225.		24.	57.
17	Sign/4409 Sun n Lake Blvd								
	041096	200DB	7.00	17		6972.		3922.	871.
18	Sign								
	070197	200DB	7.00	17		535.		207.	94.
	* Total Rental Depreciation								
						1645483.	832.	165943.	44698.

Department of the Treasury
Internal Revenue Service

▶ See instructions on page 2.
▶ Attach to Form 1065, Form 1065-B, or Form 1120S.

Name **Bassetti Development & Construction Inc**

Employer identification number
59-3000460

1 Show the kind and location of each property. See page 2 for additional properties.

A Apartments and Commercial Office Buildings, Sebring, Florida

B

C

D

	Properties			
	A	B	C	D
Rental Real Estate Income				
2 Gross rents	2 296107.			
Rental Real Estate Expenses				
3 Advertising	3			
4 Auto and travel	4 5976.			
5 Cleaning and maintenance	5			
6 Commissions	6			
7 Insurance	7 8737.			
8 Legal and other professional fees	8 5698.			
9 Interest	9 105468.			
10 Repairs	10 21104.			
11 Taxes	11 42282.			
12 Utilities	12 4835.			
13 Wages and salaries	13			
14 Depreciation (see instructions)	14 44698.			
15 Other (list) ▶ Stmt 7	15 17497.			
	15			
	15			
16 Total expenses for each property. Add lines 3 through 15	16 256295.			

17 Total gross rents. Add gross rents from line 2, columns A through H **17** 296107.

18 Total expenses. Add total expenses from line 16, columns A through H **18** 256295.

19 Net gain (loss) from Form 4797, Part II, line 18, from the disposition of property from rental real estate activities **19**

20a Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1) **20a**

b Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed:

(1) Name	(2) Employer identification number
_____	_____
_____	_____
_____	_____

21 Net income (loss) from rental real estate activities. Combine lines 17 through 20a. Enter the result here and on:
 • Form 1065 or 1120S: Schedule K, line 2, or **21** 39812.
 • Form 1065-B: Part I, line 4

1 Show the kind and location of each property.
E _____
F _____
G _____
H _____

		Properties			
		E	F	G	H
Rental Real Estate Income					
2 Gross rents	2				
Rental Real Estate Expenses					
3 Advertising	3				
4 Auto and travel	4				
5 Cleaning and maintenance	5				
6 Commissions	6				
7 Insurance	7				
8 Legal and other professional fees	8				
9 Interest	9				
10 Repairs	10				
11 Taxes	11				
12 Utilities	12				
13 Wages and salaries	13				
14 Depreciation (see instructions)	14				
15 Other (list) ▶ _____ _____ _____	15				
16 Total expenses for each property. Add lines 3 through 15	16				

Form 1120S Compensation of Officers Statement 1

(a) Name of officer	(b) Social security number	(c) Time devoted to business	Pct of stk	(f) Amount of compensation
Dennis R Bassetti	558-68-3511	Part	100.00%	0.
Total Compensation of Officers				0.
Less: Compensation Claimed Elsewhere				
Total to Form 1120S, Page 1, Line 7				

Schedule K Net Income(Loss) from Rental Real Estate Activities Statement 2

Description	Income	Expenses	Net Amount
Apartments and Commercial Office Buildings,	296107.	256295.	39812.
Total Net Amount to Schedule K, Line 2	296107.	256295.	39812.

Schedule M-2 Accumulated Adjustments Account - Other Additions Statement 3

Description	Amount
Income from Rental Real Estate Activities	39812.
Total to Schedule M-2, Line 3 - Column (a)	39812.

Schedule L Other Current Liabilities Statement 4

Description	Beginning of Tax Year	End of Tax Year
Sales Tax	412.	1802.
Total to Schedule L, Line 18	412.	1802.

Schedule L	Other Liabilities	Statement	5
Description		Beginning of Tax Year	End of Tax Year
Security Deposits		3425.	4025.
Total to Schedule L, Line 21		3425.	4025.

Schedule L	Analysis of Total Retained Earnings per Books	Statement	6
Description		Amount	
Balance at beginning of year - Schedule L, line 24, column (b)		-23425.	
Net income per books - Schedule M-1, line 1		39812.	
Distributions		-29273.	
Other increases (decreases)			
Balance at end of year - Schedule L, line 24, column (d)		-12886.	

Other Rental Expenses	Statement	7
-----------------------	-----------	---

Property: Apartments and Commercial Office Buildings, Sebring, Florida	
Description	Amount
Bank Charges	
Lawn Care	13710.
Licenses & Permits	1878.
Office Supplies	614.
Postage	195.
CONTRACT LABOR	950.
DUES & SUBSCRIPTIONS	150.
Total to Rental Schedule, Line 15	17497.

Amended U.S. Individual Income Tax Return

(Rev. November 1999)

▶ See separate instructions.

This return is for calendar year ▶ **99**, OR fiscal year ended ▶ _____, 19__

Please Print or Type	Your first name and initial Dennis R Bassetti	Last name	Your social security number 558 68 3511
	If a joint return, spouse's first name and initial Yvette M Bassetti	Last name	Spouse's social security number 063 66 6346
	Home address (number and street) or P.O. box if mail is not delivered to your home 4409 Sun N Lake Blvd	Apt. no.	Telephone number (optional) 863-314-0001
	City, town or post office, state, and ZIP code Sebring, FL 33872	For Paperwork Reduction Act Notice, see page 6.	

- A** If the name or address shown above is different from that shown on the original return, check here
- B** Has the original return been changed or audited by the IRS or have you been notified that it will be? Yes No
- C** Filing status. Be sure to complete this line. **Note:** You cannot change from joint to separate returns after the due date.
- On original return ▶ Single Married filing joint return Married filing separate return Head of household Qualifying widow(er)
- On this return ▶ Single Married filing joint return Married filing separate return Head of household* Qualifying widow(er)
- * If the qualifying person is a child but not your dependent, see page 2.

USE PART II ON PAGE 2 TO EXPLAIN ANY CHANGES		A. Original amount or as previously adjusted (see page 2)	B. Net change - amount of increase or (decrease) - explain in Part II	C. Correct amount
Income and Deductions (see pages 2-5)				
	1 Adjusted gross income (see page 3)	1 350878.	-4352.	346526.
	2 Itemized deductions or standard deduction (see page 3)	2 10169.	2029.	12198.
	3 Subtract line 2 from line 1	3 340709.	-6381.	334328.
	4 Exemptions. If changing, fill in Parts I and II on page 2	4		
	5 Taxable income. Subtract line 4 from line 3	5 340709.	-6381.	334328.
Tax Liability	6 Tax (see page 4). Method used in col. C <u>TRS</u>	6 121501.	-15946.	105555.
	7 Credits (see page 4)	7		
	8 Subtract line 7 from line 6. Enter the result but not less than zero	8 121501.	-15946.	105555.
	9 Other taxes (see page 4)	9		
	10 Total tax. Add lines 8 and 9	10 121501.	-15946.	105555.
Payments	11 Federal income tax withheld and excess social security and RRTA tax withheld. If changing, see page 4	11 34970.		34970.
	12 Estimated tax payments, including amount applied from prior year's return	12 10500.		10500.
	13 Earned income credit	13		
	14 Additional child tax credit from Form 8812	14		
	15 Credits from Form 4136 or Form 2439	15		
	16 Amount paid with request for extension of time to file (see page 4)	16		
	17 Amount of tax paid with original return plus additional tax paid after it was filed	17		0.
	18 Total payments. Add lines 11 through 17 in column C	18		45470.
Refund or Amount You Owe				
	19 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	19		2022.
	20 Subtract line 19 from line 18 (see page 5)	20		43448.
	21 AMOUNT YOU OWE. If line 10, column C, is more than line 20, enter the difference and see page 5	21		62107.
	22 If line 10, column C, is less than line 20, enter the difference	22		
	23 Amount of line 22 you want REFUNDED TO YOU	23		
	24 Amount of line 22 you want APPLIED TO YOUR ESTIMATED TAX	24		

Sign Here Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See page 2. Keep a copy for your records.	Your signature _____	Date _____	Spouse's signature. If a joint return, BOTH must sign. _____	Date _____
	Preparer's signature _____	Date 12/13/00	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN 266-33-1780
Paid Preparer's Use Only	Firm's name (or yours if self-employed) and address Carlson Family Corporation 3531 US 27 South Sebring FL	EIN 59-2891574	ZIP code 33870-5426	

Part I Exemptions. See Form 1040 or 1040A instructions.
 If you are not changing your exemptions, do not complete this part.
 If claiming more exemptions, complete lines 25-31.
 If claiming fewer exemptions, complete lines 25-30.

	A. Original number of exemptions reported or as previously adjusted	B. Net change	C. Correct number of exemptions
25 Yourself and spouse <i>Caution: If your parents (or someone else) can claim you as a dependent (even if they chose not to), you cannot claim an exemption for yourself.</i>	25		
26 Your dependent children who lived with you	26		
27 Your dependent children who did not live with you due to divorce or separation	27		0
28 Other dependents	28		
29 Total number of exemptions. Add lines 25 through 28	29		
30 Multiply the number of exemptions claimed on line 29 by the amount listed below for the tax year you are amending. Enter the result here and on line 4.	30	0.	

Tax Year	Exemption Amount	But see the instructions if the amount on line 1 is over:
1999	\$2,750	\$94,975
1998	2,700	93,400
1997	2,650	90,900
1996	2,550	88,475

31 Dependents (children and other) not claimed on original (or adjusted) return:
 Note: For tax years after 1997, do not complete column (e) below. For tax years before 1998, do not complete column (d) below.

(a) First Name	Last name	(b) Dependent's social security number. If born in the tax year you are amending, see page 5.	(c) Dependent's relationship to you	(d) check if qualifying child for child tax credit	(e) No. of months lived in your home
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

No. of your children on line 31 who:
 • lived with you
 • did not live with you due to divorce or separation
 Dependents on line 31 not entered above ...

Part II Explanation of Changes to Income, Deductions, and Credits

Enter the line number from page 1 for each item you are changing and give the reason for each change. Attach only the supporting forms and schedules for the items changed. If you do not attach the required information, your Form 1040X may be returned. Be sure to include your name and social security number on any attachments.

If the change relates to a net operating loss carryback or a general business credit carryback, attach the schedule or form that shows the year in which the loss or credit occurred. See page 1 of the instructions. Also, check here

TAXPAYER SPOUSE DECIDED TO SIGN RETURN IN PRELIMINARY DIVORCE HEARING.

Part III Presidential Election Campaign Fund. Checking below will not increase your tax or reduce your refund.

If you did not previously want \$3 to go to the fund but now want to, check here
 If a joint return and your spouse did not previously want \$3 to go to the fund but now wants to, check here

Label (See instructions on page 18.) Use the IRS label. Otherwise, please print or type.

Label information section including name (Dennis R Bassetti), social security number (558 68 3511), address (4409 Sun N Lake Blvd, Sebring, FL 33872), and marital status (Married filing joint return).

Filing Status

Filing status options: 1 Single, 2 Married filing joint return (selected), 3 Married filing separate return, 4 Head of household, 5 Qualifying widow(er).

Exemptions

Exemption section including 6a Yourself (checked), 6b Spouse (checked), and 6c Dependents table with entries for Damian Bassetti and Jeremy Bassetti.

Income

Income section (lines 7-22) listing wages (140120), taxable interest (145), tax-exempt interest, dividends, refunds, alimony, business income, capital gain (-3000), and other income (15800) from Highlands Diagnostic Imaging Center.

Adjusted Gross Income

Adjusted Gross Income section (lines 23-33) listing deductions for IRA, student loan interest, medical savings, moving expenses, self-employment tax, and other income adjustments, resulting in a total adjusted gross income of 346526.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 34-49 for Tax and Credits.

Standard Deduction for Most People

Single: \$4,300

Head of household: \$6,350

Married filing jointly or Qualifying widow(er): \$7,200

Married filing separately: \$3,600

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 50-56 for Other Taxes.

Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-64 for Payments.

Refund

Have it directly deposited! See page 48 and fill in 66b, 66c, and 66d.

Table with 3 columns: Line number, Description, and Amount. Includes lines 65-67 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 68-69 for Amount You Owe.

Sign Here

Keep a copy for your records.

Signature section with fields for Preparer's signature, Date, Your occupation, Spouse's signature, Date, Spouse's occupation, and Daytime telephone number.

Preparer's Use Only

Table with 3 columns: Field name, Value, and Field name. Includes Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name, EIN, and ZIP code.

** Interest not Included -841.
** Late Filing Penalty not Included -558.
8 **** Total Due 3421.
62107.

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Schedule A - Itemized Deductions

(Schedule B is on page 2)

▶ Attach to Form 1040.

▶ See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

1999

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

Dennis R & Yvette M Bassetti

558 68 3511

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see page A-1)	1	
	2	Enter amount from Form 1040, line 34	2	
	3	Multiply line 2 above by 7.5% (.075)	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		
Taxes You Paid <small>(See page A-2.)</small>	5	State and local income taxes	5	
	6	Real estate taxes (see page A-2)	6	3471.
	7	Personal property taxes	7	
	8	Other taxes. List type and amount ----- ----- -----	8	
	9	Add lines 5 through 8	9	3471.
Interest You Paid <small>(See page A-3.)</small>	10	Home mortgage interest and points reported to you on Form 1098	10	11355.
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address ----- -----	11	
	12	Points not reported to you on Form 1098. (See page A-3.)	12	
	13	Investment interest. Attach Form 4952 if required. (See page A-3.)	13	
14	Add lines 10 through 13	14	11355.	
Gifts to Charity <small>If you made a gift and got a benefit for it, see page A-4.</small>	15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-4	15	3970.
	16	Other than by cash or check. If any gift of \$250 or more, see page A-4. You MUST attach Form 8283 if over \$500	16	
	17	Carryover from prior year	17	
	18	Add lines 15 through 17	18	3970.
19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)	19		
Job Expenses and Most Other Miscellaneous Deductions <small>(See page A-5 for expenses to deduct here.)</small>	20	Unreimbursed employee expenses - job travel, union dues, job education, etc. You MUST attach Form 2106 or 2106-EZ if required. (See page A-5.) ----- -----	20	
	21	Tax preparation fees	21	
	22	Other expenses - investment, safe deposit box, etc. List type and amount ----- ----- -----	22	
	23	Add lines 20 through 22	23	
	24	Enter amount from Form 1040, line 34	24	
	25	Multiply line 24 above by 2% (.02)	25	
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26	
27	Other - from list on page A-6. List type and amount ----- ----- -----	27		
Total Itemized Deductions	28	is Form 1040, line 34, over \$126,600 (over \$63,300 if married filing separately)? <input type="checkbox"/> NO. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter on Form 1040, line 36. <input checked="" type="checkbox"/> YES. Your deduction may be limited. See page A-6 for the amount to enter.	28	12198.

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1.

Your social security number

Dennis R & Yvette M Bassetti

558 68 3511

Schedule B - Interest and Ordinary Dividends

Attachment Sequence No. 08

Part I Interest

Note. If you had over \$400 in taxable interest, you must also complete Part III.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address

From K-1 - HEARTLAND ENTERPRISES, INC

Amount

145.

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

2 Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a

1

2

3

4

145.

145.

Part II Ordinary Dividends

Note. If you had over \$400 in ordinary dividends, you must also complete Part III.

5 List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13.

The Kaufmann Fund, Inc.

Amount

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5

6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9

6

Part III Foreign Accounts and Trusts

You must complete this part if you (a) had over \$400 of interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

7a At any time during 1999, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

X

b If "Yes," enter the name of the foreign country

8 During 1999, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

If "Yes," you may have to file Form 3520. See page B-2

X

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040. ▶ See Instructions for Schedule D (Form 1040).

OMB No. 1545-0074

1999

Attachment
Sequence No. 12

Name(s) shown on Form 1040

Your social security number

Dennis R & Yvette M Bassetti

558 68 3511

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired	(d) Sales price	(e) Cost or other basis	(f) GAIN or (LOSS) Subtract (e) from (d)
	(c) Date sold			
1				
2 Enter your short-term totals	2			
3 Total short-term sales price amounts. Add column (d) of lines 1 and 2	3			
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4			
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5			
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 1998 Capital Loss Carryover Worksheet	6			(38524)
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)	7			-38524

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired	(d) Sales price	(e) Cost or other basis	(f) GAIN or (LOSS) Subtract (e) from (d)	(g) 28% RATE GAIN or (LOSS) * (see instr. below)
	(c) Date sold				
8					
9 Enter your long-term totals	9				
10 Total long-term sales price amounts. Add column (d) of lines 8 and 9	10				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11				
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12				
13 Capital gain distributions	13				
14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 1998 Capital Loss Carryover Worksheet	14			(7137)	(7137)
15 Combine lines 8 through 14 in column (g)	15				-7137
16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f)	16				-7137

* 28% Rate Gain or Loss includes all 'collectibles gains and losses' and up to 50% of the eligible gain on qualified small business stock.

Part III Summary of Parts I and II

17	Combine lines 7 and 16. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13 Next: Complete Form 1040 through line 39. Then, go to Part IV to figure your tax if: <ul style="list-style-type: none"> Both lines 16 and 17 are gains, and Form 1040, line 39, is more than zero. 	17	-45661.
18	If line 17 is a loss, enter here and as a (loss) on Form 1040, line 13, the smaller of these losses: <ul style="list-style-type: none"> The loss on line 17, or (\$3,000) or, if married filing separately, (\$1,500) Next: Skip Part IV below. Instead, complete Form 1040 through line 37. Then, complete the Capital Loss Carryover Worksheet if: <ul style="list-style-type: none"> The loss on line 17 exceeds the loss on line 18, or Form 1040, line 37, is a loss. 	18	(3000.)

See Statement 5

Part IV Tax Computation Using Maximum Capital Gains Rates

19	Enter your taxable income from Form 1040, line 39	19	
20	Enter the smaller of line 16 or line 17 of Schedule D	20	
21	If you are filing Form 4952, enter the amount from Form 4952, line 4e	21	
22	Subtract line 21 from line 20. If zero or less, enter -0-	22	
23	Combine line 7 and 15. If zero or less, enter -0-	23	
24	Enter the smaller of line 15 or line 23, but not less than zero	24	
25	Enter your unrecaptured section 1250 gain, if any, from line 16 of the worksheet	25	
26	Add lines 24 and 25	26	
27	Subtract line 26 from line 22. If zero or less, enter -0-	27	
28	Subtract line 27 from line 19. If zero or less, enter -0-	28	
29	Enter the smaller of: <ul style="list-style-type: none"> The amount on line 19, or \$25,750 if single; \$43,050 if married filing jointly or qualifying widow(er); \$21,525 if married filing separately; or \$34,550 if head of household 	29	
30	Enter the smaller of line 28 or line 29	30	
31	Subtract line 22 from line 19. If zero or less, enter -0-	31	
32	Enter the larger of line 30 or line 31	32	
33	Figure the tax on the amount on line 32. Use the Tax Table or Tax Rate Schedules, whichever applies Note. If line 29 is less than line 28, go to line 38.	33	
34	Enter the amount from line 29	34	
35	Enter the amount from line 28	35	
36	Subtract line 35 from line 34. If zero or less, enter -0-	36	
37	Multiply line 36 by 10% (.10) Note. If line 27 is more than zero and equal to line 36, go to line 52.	37	
38	Enter the smaller of line 19 or line 27	38	
39	Enter the amount from line 36	39	
40	Subtract line 39 from line 38	40	
41	Multiply line 40 by 20% (.20) Note. If line 25 is zero or blank, skip lines 42 through 47 and read the note above line 48.	41	
42	Enter the smaller of line 22 or line 25	42	
43	Add lines 22 and 32	43	
44	Enter the amount from line 19	44	
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	
46	Subtract line 45 from line 42. If zero or less, enter -0-	46	
47	Multiply line 46 by 25% (.25) Note. If line 24 is zero or blank, go to line 52.	47	
48	Enter the amount from line 19	48	
49	Add lines 32, 36, 40, and 46	49	
50	Subtract line 49 from line 48	50	
51	Multiply line 50 by 28% (.28)	51	
52	Add lines 33, 37, 41, 47, and 51	52	
53	Figure the tax on the amount on line 19. Use the Tax Table or Tax Rate Schedules, whichever applies	53	
54	Tax on taxable income (including capital gains). Enter the smaller of line 52 or line 53 here and on Form 1040, line 40	54	

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

Dennis R & Yvette M Bassetti

558-68-3511

Note: If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below.

Real Estate professionals must complete line 42 below.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity, you MUST check either column (e) or (f) on line 27 to describe your investment in the activity. If you check column (f) you must attach Form 6198.

27	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	Investment At Risk?	
					(e) All is at risk	(f) Some is not at risk
A	HEARTLAND ENTERPRISES, INC	S		59-2682340	X	
B	BASSETTI & ASSOCIATES MD P	S		59-3297662	X	
C	Bassetti Development & Con	S		59-3000460	X	
D	HEARTLAND PROFESSIONAL PLAZA P	P		59-2736688	X	
E						

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
		375.		
A			12352.	155768.
B				39812.
C				10608.
D				
E				
28a Totals				206188.
b Totals		375.	12352.	
29 Add columns (h) and (k) of line 28a				29 206188.
30 Add columns (g), (i), and (j) of line 28b				30 (12727.)
31 Total partnership and S corporation income or (loss). Combine lines 29 and 30. Enter the result here and include in the total on line 40 below				31 193461.

Part III Income or Loss From Estates and Trusts

32	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
33a Totals			
b Totals			
34 Add columns (d) and (f) of line 33a			34
35 Add columns (c) and (e) of line 33b			35 ()
36 Total estate and trust income or (loss). Combine lines 34 and 35. Enter the result here and include in the total on line 40 below			36

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

37	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
38	Combine columns (d) and (e) only. Enter the result here and include in the total on line 40 below				38

Part V Summary

39	Net farm rental income or (loss) from Form 4835. Also, complete line 41 below	39	
40	TOTAL income or (loss). Combine lines 26, 31, 36, 38, and 39. Enter the result here and on Form 1040, line 17	40	193461.
41	Reconciliation of Farming and Fishing Income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), line 15b; Schedule K-1 (Form 1120S), line 23; and Schedule K-1 (Form 1041), line 14 (see page E-6)	41	
42	Reconciliation for Real Estate Professionals. If you were a real estate professional, enter the net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under the passive activity loss rules	42	



July 7th, 2000

Florida Public Services Commission

Re: Dennis Bassetti

To Whom It May Concern:

Please accept this letter as a professional reference for Dr. Bassetti. I have had business dealings with Dr. Bassetti for the past eleven years. Most of the transactions have been in the form of deposit services and loans. He had been granted loans in excess of \$ 1,000,000.

All transactions of Dr. Bassetti had been handled in an exemplary fashion. He was very responsive to any requests for information and paid all accounts as agreed.

Dr. Bassetti has been considered a very valuable customer. If you would like to discuss our relationship with him any further, please feel free to call me at 863-385-8700.

Sincerely,

JOHN C. SHOOP
President

JCS:sdj

South Sebring
3540 U.S. Highway 27 South
Sebring, Florida 33870
(863) 386-1900 • Fax 386-1925

Main Office • Sebring
2600 U.S. Highway 27 North
Sebring, Florida 33870
(863) 385-8700 • Fax 385-1071

Avon Park
400 U.S. Highway 27 North
Avon Park, Florida 33825
(863) 453-6400 • Fax 453-6142

SunTrust Bank, Mid-Florida
Mail Code FL-Sebring-0505
1901 U. S. Hwy. 27 South
Sebring, FL 33870
Tel 863/784-6542
Fax 863/471-2265

Sam White
Vice President

SUNTRUST

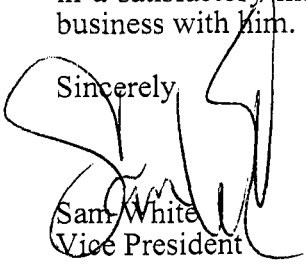
July 5, 2000

Re: Dr. Dennis Bassetti
491 Tulane Circle
Avon Park, Florida 33825

To Whom It May Concern:

Dr. Bassetti has been a customer of SunTrust Bank for over 15 years. The relationship has been handled in a satisfactory manner. Dr. Bassetti is a valued customer and it has always been a pleasure to do business with him.

Sincerely,



Sam White
Vice President



Jeffrey D. Carlson, MBA
Phillip W. Statler, EA

February 15, 2001

Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

To Whom It May Concern:

Dr. Dennis Bassetti is one of our community's most well respected physicians who constantly gives of his time and dollars.

His business ventures in this county make a significant impact on the residential and commercial sectors by providing space needs and improvements. His personal investments in real property are in excess of \$2 million. In addition, Dr. Bassetti has a successful medical practice that generates more than \$1 million in annual revenue.

Dr. Bassetti is a great asset to this community as a physician, entrepreneur and friend. As our area continues to grow we look forward to having him involved in all aspects of its development.

If I can be of further assistance please call. Thanks and have a great day!

Sincerely,



Jeff Carlson

EXHIBIT B - Managerial and Technical Expertise

Dennis Bassetti MD
491 Tulane Circle
Avon Park, Florida 33825

Professional Experience	Novus Communications, Incorporated <i>President/Co-founder of local ALEC</i>	April, 2000 – Present
	TerraNovus.Net, Inc., Sebring, FL <i>CFO/COO</i> <i>Co-founder of local full-service Internet Service presence provider</i>	March, 2000 – Present
	Bassetti and Associates, MD, PA., Sebring, FL <i>President/Owner</i> Responsibilities include day-to-day management of large medical practice.	May, 1985 – Present
	Bassetti Development and Construction Co., Sebring, FL <i>President/Owner</i> Responsibilities including management of real estate leasing company with 30,000 sq. ft. fully leased	Aug., 1990 – Present
	Jose Acosta, MD PA., Lewistown, PA <i>Staff Physician</i> General patient care duties	1994/1995
	American Telephone and Telephone, Long Lines Division San Luis Junction, San Luis Obispo, CA <i>Transmission Craftsman</i> Responsibilities included troubleshooting and maintenance of Overseas cable-head switching/amplification gear and Time-assigned Speech Interpolation machine	1971/1972

Education	Residency/Fellowship – Coney Island Hospital Brooklyn, NY	1979/1984
	Medical School – St. George's University, School of Medicine, Grenada, WI	June, 1979
	Biochemistry Major – California Polytechnic Univ., San Luis Obispo, CA	1972/1974
	AS Electronics – Cuesta College San Luis Obispo, CA	1971

Gabriel Allen Pulido

4409 Sun 'N Lake Boulevard, Suite F
Sebring, Florida 33872

**Professional
Experience**

Novus Communication, Incorporated
Sebring, FL
Vice President
Co-founder of local CLEC

April, 2000 –
Present

Terranovus.net, Incorporated, Sebring, FL
CEO

March, 2000 –
Present

Co-founder of local full service internet service provider covering Highlands County, Florida. Services include dial-up V.90 and ISDN user accounts with future emphasis on DSL and wireless internet services. Responsibilities include all IS and network management.

Virtual Echo, Inc., Sebring, FL
Owner/President

1997-Present

Founder and president of web design agency and full service internet presence provider. Responsibilities include product management and production of all client web sites. Point contact for all interactions between agency and clients. IS and network management.

Highlands Clinical Laboratory Corp., Sebring, FL
MIS/IT

1998-Present

Responsibilities include maintenance and customization of Laboratory Information System, servicing network and connectivity to automated laboratory instrumentation.

Medical Data Systems, Inc., Sebring, FL
Marketing Director

1997-1998

Responsibilities included creation of all collateral materials including brochures, sample reports and advertisements. Creation of custom reports for clients, creation of web site, creation of corporate log and identity.

Medical Data Systems, Inc., Sebring, FL
Controller

1994-1995

Responsibilities included A/P, A/R, Payroll, and client audits.

Highlands Regional Medical Center, Sebring, FL 1995-1997
Laboratory
Responsibilities included conversion of antiquated laboratory information systems to multi-terminal, multi-user laboratory information system with remote report generation.

Clinica Rural, Laguna de Sanchez, N.L. Mexico 1991-1992
Medical Director
Medical Director of rural clinic servicing approximately 1,500 residents

Education Rotating Internship – IMMS Clinica #6, 1990-1991
Doctor of Medicine – **Universidad de Monterrey** 1985-1990
BSS Biology, BSS Environmental Systems –
Cornell College 1980-1985
College Prep – **Riverside Brookfield HS** 1976-1980