

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

**FILED**

**Apr 08 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moriham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 683493 (1)**

1. Corporation Name  
**FIBER & CABLE WORKS, INC.**



Principal Place of Business <b>133 BOCA RATON ROAD BOCA RATON FL 33432</b>	Mailing Address <b>133 BOCA RATON ROAD BOCA RATON FL 33432-3911</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified <b>09/09/1980</b>	3a. Date of Last Report <b>02/08/1996</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-2037885</b>	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>FOX, LEO A. 133 BOCA RATON RD. BOCA RATON FL 33432</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DYER, STEVEN M</b>	1.2 NAME	
STREET ADDRESS	<b>5338 PEREGRINE CREST CIR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROANOKE VA 24014</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WISNESKI, SHERRIE L.</b>	2.2 NAME	
STREET ADDRESS	<b>5614 CYNTHIA DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROANOKE VA 24018</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAVES, CHARLES L</b>	3.2 NAME	
STREET ADDRESS	<b>229 MEADOWVIEW</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FRANKFRONT KY 24153</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRIESER, WILLIAM P</b>	4.2 NAME	
STREET ADDRESS	<b>622 DIAMOND ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SALEM VA 24153</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>HARKER, JAMES</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>5142 SUGAR LOAF DRIVE</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>ROANOKE VA 24018</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE:  **Steven M. Dyer** Date: **540-772-1600**

CR2E034 (9/96)