

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY - 1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P20096** (4)

1. Corporation Name  
**FIBEROPTIC SPECIALTIES, INC.**

Principal Place of Business Mailing Address  
**2200 RTE 301 UNIT 1 PALMETTO FL 34221** **P.O. BOX 215 ELLENTON FL 34222**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/18/1988** 3a. Date of Last Report **09/22/1994**

4. FEI Number **04-2743301** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHURCHILL, DAVID L.  
1217 CARMELLA LANE  
SARASOTA FL 34243**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.308, 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 607.305, Florida Statutes.

SIGNATURE *David L. Churchill* **DAVID L. CHURCHILL** **04/27/95**  
Signature typed or printed name of registered agent (if 2 lines # applicable) NOTE: Registered Agent signature required when registering DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PS</b>
NAME	<b>CHURCHILL, DAVID L.</b>
STREET ADDRESS	<b>1217 CARMELLA LANE</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>
TITLE	<b>TD</b>
NAME	<b>BOSCHETTI, CLAIRE E.</b>
STREET ADDRESS	<b>1217 CARMELLA LANE</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is not solely for an exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information contained on this annual report or application for 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 trustee or trustee emeritus and I am certifying this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an addition, in an address.

SIGNATURE: *David L. Churchill* **DAVID L. CHURCHILL** **04/29/95**  
Signature typed or printed name of signing officer or director DATE

(813) 722-4099