

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

APPROVED  
AND  
FILED

95 FEB 24 PM 8: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P94000005656 (1)  
1. Corporation Name  
WORLDWIDE FIBER OPTICS, INC.

Principal Place of Business: 1900 N ATLANTIC AVE SUITE 318 COCOA BEACH FL 32931  
Mailing Address: 1900 N ATLANTIC AVE SUITE 318 COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3b. Date of Last Report
21		26		01/14/1994	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
				59-3215884	Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
24. Zip	Country	29. Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BECK, RICHARD L 309 PIERCE AVE CAPE CANAVERAL FL 32920				01	Name		
				02	Street Address (P.O. Box Number is Not Acceptable)		
				03			
				04	City	05	Zip Code
				FL			

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BECK, RICHARD L 309 PIERCE AVE CAPE CANAVERAL FL 32931	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD BECKER, ELIZABETH E 4911 DONAVAN ST ORLANDO FL 32808	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	300001417778
CITY - ST - ZIP		2.4 CITY - ST - ZIP	-02/28/95--01118--029
TITLE	VD VERLEE, RICHARD L 10701 VISTA DEL SOL #187 EL PASO TX 79935	3.1 TITLE	***\$200.00 ***\$200.00
NAME		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	STD LAURETTA, ANTONIO 1422 NORWOOD AVE TITUSVILLE FL 32781	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: *A. Lauretta* 1-18-95 407-799-4545  
(Signature and typed or printed name of signing officer or director)