

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

PROFIT CORPORATION ANNUAL REPORT 1996



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: **1980 N ATLANTIC AVE SUITE 318 COCOA BEACH FL 32931**  
Mailing Address: **1980 N ATLANTIC AVE SUITE 318 COCOA BEACH FL 32931**

3. Date Incorporated or Qualified: **01/14/1994**      3a. Date of Last Report: **02/24/1995**  
4. FEI Number: **59-3215884**      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: **1980 N. Atlantic Ave Suite, Apt. #, etc. Suite 318 City & State: Cocoa Beach, FL Zip: 32931 Country: USA**  
2a. Mailing Address: **1980 N. Atlantic Ave Suite, Apt. #, etc. Suite 318 City & State: Cocoa Beach, FL Zip: 32931 Country: USA**

9. Name and Address of Current Registered Agent  
**BECK, RICHARD L  
309 PIERCE AVE  
CAPE CANAVERAL FL 32920**

10. Name and Address of New Registered Agent  
81 Name: **Kevin Markey P.A.**  
82 Street Address (P.O. Box Number is Not Acceptable): **410 W. Merritt Ave.**  
83 .  
84 City: **Merritt Island FL**      85 Zip Code: **32954**

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: *Kevin P. Markey*      DATE: **1-29-96**  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECK, RICHARD L</b>	12 NAME	<b>Beck, Richard L.</b>
STREET ADDRESS	<b>309 PIERCE AVE</b>	13 STREET ADDRESS	<b>309 Pierce Ave</b>
CITY-ST-ZIP	<b>CAPE CANAVERAL FL 32931</b>	14 CITY-ST-ZIP	<b>CAPE CANAVERAL, FL 32931</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECKER, ELIZABETH E</b>	2.2 NAME	<b>Becker, Elizabeth E</b>
STREET ADDRESS	<b>4911 DONAVAN ST</b>	2.3 STREET ADDRESS	<b>4911 Donovan St</b>
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	2.4 CITY-ST-ZIP	<b>Orlando, FL 32808</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECKER, RON</b>	3.2 NAME	
STREET ADDRESS	<b>4911 DONOVAN ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	3.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAURETTA, ANTONIO</b>	4.2 NAME	
STREET ADDRESS	<b>1422 NORWOOD AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE FL 32781</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth E. Becker*      DATE: **1-11-96**      407-799-4545  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (12/95)