


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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000005656 (1)**

1. Corporation Name
WORLDWIDE FIBER OPTICS, INC.



Principal Place of Business CAPE ROYAL TOWERS 1980 N. ATLANTIC AVENUE, SUITE 318 COCOA BEACH FL 32931 US	Mailing Address CAPE ROYAL TOWERS 1980 N. ATLANTIC AVENUE, SUITE 318 COCOA BEACH FL 32931 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3469 Parkway Center Court Suite, Apt. #, etc. 22 City & State 23 Orlando, FL Zip 24 32808	2a. Mailing Address 26 3469 Parkway Center Court Suite, Apt. #, etc. 27 City & State 28 Orlando, FL Zip 29 32808
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3. Date Incorporated or Qualified 01/14/1994	4. FEI Number 59-3215884	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**FLORIDA CORPORATE SUPPORT, INC.
200 E. ROBINSON STREET
SUITE 500
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	BECK, RICHARD L
STREET ADDRESS	309 PIERCE AVE
CITY-ST-ZIP	CAPE CANAVERAL FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BECKER, RON
STREET ADDRESS	4911 DONOVAN ST.
CITY-ST-ZIP	ORLANDO FL 32808
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	LAURETTA, ANTONIO
STREET ADDRESS	1422 NORWOOD AVE
CITY-ST-ZIP	TITUSVILLE FL 32781
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	LAURETTA, DEBRA A
STREET ADDRESS	1422 NORWOOD AVE
CITY-ST-ZIP	TITUSVILLE FL
TITLE	VPO <input checked="" type="checkbox"/> DELETE
NAME	BECK, RICHARD L
STREET ADDRESS	309 PIERCE AVE
CITY-ST-ZIP	CAPE CANAVERAL FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP
2.3 STREET ADDRESS	Becker, Ron
2.4 CITY-ST-ZIP	4911 Donovan St
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 checked="" type="checkbox"/> Addition
6.2 NAME	President
6.3 STREET ADDRESS	Becker, Elizabeth E
6.4 CITY-ST-ZIP	4911 Donovan St

14. I 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, or on an attachment with an address.

SIGNATURE _____ DATE _____

CR2E034 (10/97)