

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

FILED  
Feb 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</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	Mailing Address
<b>133 BOCA RATON ROAD BOCA RATON FL 33432</b>	<b>133 BOCA RATON ROAD BOCA RATON FL 33432</b>

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/09/1980</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2037885</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**FOX, LEO A.  
133 BOCA RATON RD.  
BOCA RATON FL 33432**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
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	ST	2.1 TITLE	
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	V	3.1 TITLE	
NAME	<b>HARKER, JAMES</b>	3.2 NAME	
STREET ADDRESS	<b>5142 SUGAR LOAF DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROANOKE VA</b>	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
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		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 its 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:

Steven M. Dyer

02/18/98

540-777-1600

CR2E034 (10/97)