

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 # **F94000005768 (6)**

1. Corporation Name

FIBERLINK COMMUNICATIONS CORPORATION



Principal Place of Business

**11 BALA AVE.
BALA CYNWYD PA 19004**

Mailing Address

**11 BALA AVE.
BALA CYNWYD PA 19004**

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

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified
11/07/1994

3a. Date of Last Report
06/20/1995

4. FEI Number

23-2753924

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

10. Name and Address of New Registered Agent

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 607.1508, 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 type for protection of registered agent is not applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
11 BALA AVE.
BALA CYNWYD PA 19004

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
CFOD
GILFORD, DAVID
11 BALA AVE.
BALA CYNWYD PA 19004

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
SHEWARD, JAMES
1200 ARTESIA BLVD, SUITE 207
HERMOSA BEACH FL 90254

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
CLABBY, MIKE
610 FOREST AVE.
WILMETTE IL 60091

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
DONAHOWER, CHRIS
41 NASSAU PLACE
PRINCETON JCT NJ 08550

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
MAGARITY, JAKE
1200 ARTESIA BLVD. SUITE 207
HERMOSA BEACH CA 90254

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

**V.P. Operations
Barry Porozni
11 Bala Ave.
Bala Cynwyd, PA 19004**

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

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: **Barry Porozni**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/95 610-668-7950
Daytime Phone #

CR2E034 (12/95)