FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P01662** **(6)**

1. Corporation Name

FIBER CABLE, INC.

Principal Place of Business	Mailing Address
1045 POST WAY JONESBORO GA 30236 US	450 AUSTRALIAN AVE S #860 WEST PALM BEACH FL 33401 US

3. Date Incorporated or Qualified	3a. Date of Last Report
04/18/1984	03/07/1995

2. Principal Place of Business	2a. Mailing Address
21 4440 PGA BOULEVARD	26 4440 PGA BOULEVARD
Suite, Apt. #, etc. 22 SUITE 600	Suite, Apt. # etc. 27 SUITE 600
City & State 23 PALM BEACH GARDENS, FL	City & State 28 PALM BEACH GARDENS, FL
Zip / Country 24 33410 / 25 USA	Zip / Country 29 33410 / 30 USA

4. FEI Number: **63-0855797** ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: 02/14/96--01011--020 ***200.00

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 of new Registered Agent required when changed) (NOTE: Registered Agent's signature required when changed) DATE:

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	MOODY, KEITH		12 NAME		
STREET ADDRESS	1045 POST WAY		13 STREET ADDRESS	4440 PGA BOULEVARD, SUITE 600	
CITY-ST-ZIP	JONESBORO GA		14 CITY-ST-ZIP	PALM BEACH GARDENS, FLORIDA 33410	
TITLE	VP	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	PLEDGER, THOMAS		22 NAME		
STREET ADDRESS	450 AUSTRALIAN AVE., STE. 860		23 STREET ADDRESS	4440 PGA BOULEVARD, SUITE 600	
CITY-ST-ZIP	WEST PALM BEACH FL		24 CITY-ST-ZIP	PALM BEACH GARDENS, FLORIDA 33410	
TITLE	S	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	FRAZIER, PATRICIA		32 NAME		
STREET ADDRESS	450 AUSTRALIAN AVE., STE. 860		33 STREET ADDRESS	4440 PGA BOULEVARD, SUITE 600	
CITY-ST-ZIP	WEST PALM BEACH FL		34 CITY-ST-ZIP	PALM BEACH GARDENS, FLORIDA 33410	
TITLE	VPC	☐ DELETE	41 TITLE	TREASURER	☒ Change ☐ Addition
NAME	BETLACH, DOUGLAS		42 NAME		
STREET ADDRESS	450 AUSTRALIAN AVE., STE. 860		43 STREET ADDRESS	4440 PGA BOULEVARD, SUITE 600	
CITY-ST-ZIP	WEST PALM BEACH FL		44 CITY-ST-ZIP	PALM BEACH GARDENS, FLORIDA 33410	
TITLE	T	☒ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	MERRELL, DARLINE		52 NAME		
STREET ADDRESS	450 AUSTRALIAN AVE STE 860		53 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☒ Change ☐ Addition
NAME	ADAMS, LOUIS		62 NAME		
STREET ADDRESS	450 AUSTRALIAN AVE., STE. 860		63 STREET ADDRESS	4440 PGA BOULEVARD, SUITE 600	
CITY-ST-ZIP	WEST PALM BEACH FL		64 CITY-ST-ZIP	PALM BEACH GARDENS, FLORIDA 33410	

CR2E034 (12/95)

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: TREASURER 1/24/96 (407) 627-7171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #