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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P01662 DOCUMENT #

(6)

FIBER CABLE, INC.

FILED May 19 1997 8:00am Secretary of State

		UIDA EACH IDU

Principal Place of Business Mailing Address								; 1201149; (); 50101 010 91110 G 0 110		,411 011	:5:1	
4440 PGA BOULEVARD 4440 PGA BOULE SUITE 600 SUITE 600					ULEVARD			1				
PALM BEACH	M BEACH GARDENS FL 33410-6542			!								
US			US	US			3. Date Incorporated or Qualified 04/18/1984	d 3a. Date of Last Report 02/09/1996				
2. Principal P	Place of Busin	ioss	ê	Mailing Address				4. FEI Number 63-0855797		T		olied For
21				Suite, Apt #, etc.				- \$8.75 Addit				Applicable
Suite, Apt. #, etc.			27	27				5. Certificate of Status Desired Fee Required				
City & State				City & State				Election Campaign Financing \$5.00 May Be				
23			28	28				Trust Fund Contribution Added to Fees				
Zip	Zip Country			Zip Country				8. This corporation has liability for intangible tax under s. 199.032,				
24	25		29	29 30				Florida Statutes Yes No				
	9, Name	and Address of Curr	ent Regist	ered Agent		Ĺ.,		10. Name and Address of New Re	gistered /	gent		
		rion system				81	Name					
		SLAND ROAD				82	Street Add	Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324						83						
	•					84	1		FL	85	Zip (
11. Pursuant office or agent. I a		ions of Sections 607.0 jent, or both, in the Sta th, and accept the obl	502 and 60 ite of Floric igations of					rporation submits this statement for the alion's board of directors. I hereby acce	pt the app	ointm	ging as ent as	registered
	Signature, typed	or printed name of registered				d Age	ant signature req	uired when reinstating)	DATE	OIDE	OTOD	211140
12.	T 6	OFFICERS A	MD DIREC	TORS DELETE	13.			ADDITIONS/CHANGES TO OFFIC	JERS AND	DIKE		Addition
TITLE	MOODY	KEITH		בשטנות ב	1.11						ianyo	L. J ROUNION
NAME	AAAA DAA DAHII TUADA CUITE AAA					1.2 NAME 1.3 STREET ADDRESS						
	DALLA DEACH CADDENS EL 22140											
CITY-ST-ZIP TITLE	- D1 - C1			DELETE		1,4 CITY - ST - ZIP 2.1 TITLE				Пο	nange	Addition
NAME	OLEDOED THOUSE				i i	2.2 NAME						
STREET ADDRESS	AAAA DOA DOULEMADE CUITE		ITE 600	200		2.3 STREET ADDRESS						
CITY-ST-ZIP	PALM BE	ACH GARDENS FL	33140				SI-7/P					
TITLE	8			DELETE	3.11		31.11				nange	Addition
NAME	FRAZIER	, PATRICIA		_	1	IAME					•	
STREET ADDRESS	4440 PG	A BOULEVARD, SU					ADDRESS					
CITY-ST-ZIP	PALM BE	EACH GARDENS FL	33410				S1 - 71P					
TITLE	VPC			☐ DELETE		ITLE				C	nange	Addition
NAME	BETLACI	H, DOUGLAS			4.2	NAME						
STREET ADDRESS	4440 PG	A BOULEVARD, SU	ITE 600		4.3 \$	STREET	ADDRESS					
CITY-ST-ZIP	l	each gardens fl	33410				ST-ZIP					
TITLE	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	···	X DELFTE		TLE				□ c	hange	Addition
NAME	ADAMS,			_	5.21	AME	-					
STREET ADDRESS	AAAA DOA BOULEVADD CUITE OOG				I ADDRESS							
CITY-ST-ZIP		EACH GARDENS FL					S1-ZIP					
TITLE	D			DELFTE		nille.				Πō	hange	Addition
NAME	ADAMS,	LOUIS				IAME						
STREET ADDRESS 450 AUSTRALIAN AVE., STE. 860				63 STREET ADDRESS								
City-St-7iP		ALM BEACH FL					ST-ZIP					

I do 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 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 thing 131 (and 141).