


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 # P93000088571 (3)

1. Corporation Name

FIBRE TECH OF CENTRAL FLORIDA, INC.



Principal Place of Business

1365 BENNETT DR  
STE 129  
LONGWOOD FL 32750  
US

Mailing Address

1365 BENNETT DR  
#129  
LONGWOOD FL 32750  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1993

4. FEI Number

59-3229204

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business  
21 9100 Overland RD

2a. Mailing Address  
26 9100 Overland RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ~~Apopka~~

27 ~~Apopka~~

City & State

City & State

23 Apopka FL

28 Apopka FL

Zip

Zip

24 32703

29 32703

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

MORRIS, SCOTT A  
1365 BENNETT DR #129  
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name James Starks  
82 Street Address (P.O. Box Number is Not Acceptable)  
9100 Overland RD  
83  
84 City Apopka FL 85 Zip Code 32703

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

1-12-98

12. OFFICERS AND DIRECTORS

TITLE	<del>DE</del>	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, SCOTT A	
STREET ADDRESS	1365 BENNETT DR #129	
CITY-ST-ZIP	LONGWOOD FL	

TITLE	0 Pres	<input type="checkbox"/> DELETE
NAME	STARKS, JAMES L	
STREET ADDRESS	727 S EDMON AVE	
CITY-ST-ZIP	WINTER SPRINGS FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V.P./Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANDREW MORRIS	
1.3 STREET ADDRESS	2222 Tonewood Lane	
1.4 CITY-ST-ZIP	Palm Harbor FL 34685	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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:  REQUIRED

1-12-98 407-244-8469

CR2E034 (10/97)