

**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 # P94000015223 (8)**

1. Corporation Name

**AMERICAN FIBER TECHNOLOGIES, INC.**



Principal Place of Business

**2800-E ALLEN HILL AVE.  
MELBOURNE FL 32940**

Mailing Address

**2800-E ALLEN HILL AVE.  
MELBOURNE FL 32940**

2. Principal Place of Business

2a. Mailing Address

21 **423 SHEARER BLVD.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **COCOA FL**

28

Zip

Zip

24 **32922**

Country

25 **UNITED STATES**

Country

29

30

9. Name and Address of Current Registered Agent

**PHILLIPS, MICHELLE T  
2800-E ALLEN HILL AVE.  
MELBOURNE FL 32940**

3. Date Incorporated or Qualified

**02/24/1994**

3a. Date of Last Report

**07/17/1995**

4. FEI Number

**59-3245180**

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)

**423 SHEARER BLVD**

83

84 City

**COCOA**

**FL**

85 Zip Code

**32922**

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 firm if applicable)

(Print Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PTS**

☐ DELETE

NAME

**PHILLIPS, MICHELLE T**

STREET ADDRESS

**6567 S. US HWY 1**

CITY-STATE-ZIP

**ROCKLEDGE FL**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**P**

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

**P.O. BOX 410273 (3030 YUKON CT) 32935**

1.4 CITY-STATE-ZIP

**MELBOURNE FL 32941-0273**

2.1 TITLE

**VP**

☐ Change

☒ Addition

2.2 NAME

**SCOTT, MARK**

2.3 STREET ADDRESS

**169 VIA HAVAROG**

2.4 CITY-STATE-ZIP

**MERRITT ISLAND FL 32923**

3.1 TITLE

**T**

☐ Change

☒ Addition

3.2 NAME

**SCOTT, LAURA**

3.3 STREET ADDRESS

**169 VIA HAVAROG**

3.4 CITY-STATE-ZIP

**MERRITT ISLAND FL 32923**

4.1 TITLE

**S**

☐ Change

☒ Addition

4.2 NAME

**PHILLIPS, THOMAS**

4.3 STREET ADDRESS

**3030 YUKON CT**

4.4 CITY-STATE-ZIP

**MELBOURNE FL 32935**

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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: Michelle Phillips MICHELLE PHILLIPS**

**5-24-96 407-633-7323**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE-TIME PHONE #

CR2E034 (12/95)