

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 11 1997 8:00am
Secretary of State

DOCUMENT # P94000015223 (8)

1. Corporation Name
AMERICAN FIBER TECHNOLOGIES, INC.



Principal Place of Business
423 SHEARER BLVD.
COCOA FL 32922
US

Mailing Address
2800-E ALLEN HILL AVE.
MELBOURNE FL 32940

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 2800 E Allen Hill Ave		26 2800 E Allen Hill Ave		02/24/1994		06/10/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3245180		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Melbourne, FL		28 Melbourne, FL		<input type="checkbox"/>		5.00 May Be Added to Fees	
Zip		Country		8. This corporation owes or has paid the current year intangible		Personal Property Tax due June 30.	
24 32940		25 USA		29 32940		30 USA	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PHILLIPS, MICHELLE T 423 SHEARER BLVD. COCOA FL 32922				81 Name Thomas R. Phillips			
				82 Street Address (P.O. Box Number is Not Acceptable) 2800 E Allen Hill Ave			
				83			
				84 City Melbourne FL 85 Zip Code 32940			

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 THOMAS R. Phillips Pres Thomas R. Phillips 9-8-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PHILLIPS, MICHELLE T	P.O. BOX 410273, 3030 YUKON CT.	MELBOURNE FL	Pres. & Thomas R. Phillips	6557 US 1	Melbourne FL	32940
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	VP SCOTT, MARK	169 VIA HAVARRE	MERRITT ISLAND FL	VP Charles Cross	215 S. Courtney Pkwy #80	Merritt Island, FL	32952
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	SCOTT, LAURA	169 VIA HAVARRE	MERRITT ISLAND FL				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	PHILLIPS, THOMAS	3030 YUKON CT.	MELBOURNE FL				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. 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 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 THOMAS R. Phillips Pres Thomas R. Phillips 9-8-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CP2E034 (4/97)