

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P95000081239 (2)**

1. Corporation Name

**FIBER OPTIC SERVICES, INC.**



Principal Place of Business: **100 RIALTO PLACE, SUITE 500 MELBOURNE FL 32901**  
Mailing Address: **100 RIALTO PLACE, SUITE 500 MELBOURNE FL 32901**

3. Date Incorporated or Qualified: **10/19/1995**  
3a. Date of Last Report: \_\_\_\_\_  
4. FEI Number: **59-3343573**  
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: \_\_\_\_\_ 22 City & State: \_\_\_\_\_ 23 Zip: \_\_\_\_\_ Country: \_\_\_\_\_ 24  
2a. Mailing Address: 26 Suite, Apt. #, etc.: \_\_\_\_\_ 27 City & State: \_\_\_\_\_ 28 Zip: \_\_\_\_\_ Country: \_\_\_\_\_ 29 30

**9. Name and Address of Current Registered Agent**

**SOTTILE, JOHN H  
100 RIALTO PLACE, SUITE 500  
MELBOURNE FL 32901**

**10. Name and Address of New Registered Agent**

81 Name: \_\_\_\_\_  
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 Registered Agent) \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>SOTTILE, JOHN H</b>	
STREET ADDRESS	<b>100 RIALTO PLACE, SUITE 500</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32901</b>	
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**

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Garry, G.R.</b>	
STREET ADDRESS	<b>10611 Harborside Drive</b>	
CITY-ST-ZIP	<b>Largo, FL</b>	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Starling, John M.</b>	
STREET ADDRESS	<b>190 E. Olmstead Drive #5A</b>	
CITY-ST-ZIP	<b>Titusville, FL</b>	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Wherry, Stephen R.</b>	
STREET ADDRESS	<b>1217 Elcon Drive</b>	
CITY-ST-ZIP	<b>Melbourne, FL</b>	
TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sottile, James</b>	
STREET ADDRESS	<b>2525 Indian Mound Trail</b>	
CITY-ST-ZIP	<b>Coral Gables, FL</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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:** *[Signature]* **Stephen R. Wherry, Treasurer** **4-18-96** **407-724-1700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (12/95)