

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

FILED
Feb 18 1997 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA 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 32901-3073**



3. Date Incorporated or Qualified **10/19/1995** 3a. Date of Last Report **05/01/1996**

| | | | |
|--------------------------------|------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 59-3343573 | Applied For <input type="checkbox"/> Not Applicable |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 22 City & State | 27 City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23 Zip | 28 Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 | 25 | 29 | 30 |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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

| | | | |
|----------------------------|-------------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | V/D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOTTILE, JOHN H | 1.2 NAME | |
| STREET ADDRESS | 100 RIALTO PLACE, SUITE 500 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE FL 32901 | 1.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARRY, G.R. | 2.2 NAME | |
| STREET ADDRESS | 10811 HARBORSIDE DR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LARGO FL | 2.4 CITY-ST-ZIP | |
| TITLE | S/D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STARLING, JOHN M. | 3.2 NAME | |
| STREET ADDRESS | 100 E. OLMSTEAD DR., #5A | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TITUSVILLE FL | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHERRY, STEPHEN R. | 4.2 NAME | |
| STREET ADDRESS | 1217 ELCON DR. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE FL | 4.4 CITY-ST-ZIP | |
| TITLE | D/C <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOTTILE, JAMES | 5.2 NAME | |
| STREET ADDRESS | 2525 INDIAN MOUND TRAIL | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, its registered agent 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 and changed or changed to my current address.

SIGNATURE

[Signature]

2/18/97

4/12/97 17011

CR2E034 (9/96)