

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90034 040 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P95000081239

1. Corporation Name
FIBER OPTIC SERVICES, INC.



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 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 | Applied For Not Applicable |
| 4. FEI Number 59-3343573 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | V/D <input type="checkbox"/> DELETE | 1.1 TITLE | Chairman, Director <input checked="" 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 | 10611 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 | 190 E. OLMSTEAD DR., #5A | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TITUSVILLE FL | 3.4 CITY-ST-ZIP | |
| TITLE | TAS <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 checked="" 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 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, with all other like empowered.

SIGNATURE: By: Stephen R. Wherry **Stephen R. Wherry, Treasurer** 1-15-99 407-724-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)