SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P95000091884 (3)

ADVANCED FIBEROPTIC TECHNOLOGIES, INC.

LILED								
Aug 19 1998 8:00am								
Secretary of State								

CH CD



Principal Place of Business Mailing Address								O CORRIGORA REM FARRON MERLEN MORTE MORTE AND A		
2200 ROUTE 301 UNIT 1			GGL BAY LAUREL GOURT HE CT. RETERSBURG PL 40705-					DO NOT INDITE	IN THIS ADACE	
PALMETTO FL 34221			P. D. BOX 56					DO NOT WRITE IN THIS SPACE		
		PALMETTO, PL. 34221					3. Date Incorporated or Qualified 12/04/1995			
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number	Applied For		
21			26					59-3392179	Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e		City &	City & State				6. Election Campaign Financing	\$5.00 May Be	
23			28					Trust Fund Contribution	Added to Fees	
Zip	Country		Zip Cou			у	8. This corporation owes or has paid the current year Intangible			
24	25]		29		30			Personal Property Tax due June 3	0. Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Age									stered Agent	
FORLIZZO ROBERT A  SET OF POWERS										
	7 FEATHER SOL	INØ DRIVE			8			ss (P.O, Box Number is Not Acceptable)		
	TE 300/					0000 <b>US 30</b> 1				
CLE	abwater fl 346	322			83					
"			84 City A			<u> </u>	_	■ 85 Zip Code		
Ĺ						<b>'4</b>		ALMETTO FL 3422/		
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 agent the obligations of, section 607.0505, Florida Statutes.										
agent. I	am <b>fami</b> liar with an	access the obligati	ions et, section	607.0505, Flo	orida Statut	y ine co≀ ∋s.	poration	is board of directors, i flereby accept the	e appointment as registered	
SIGNATURE	X VIA	HIBBLA-								
	Signature, typed printed	name of egistered agent a		(NC		Agent signa	tore require	ed when reinstating)	DATE	
12.	68	DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECT			
TITLE	DP DODE	l	DELETE 1.5				Change Addition			
NAME	POWES, ROBE			1.2 NAME						
STREET ADDRESS	661 BAY LAURE		1			T ADDRESS				
CITY-ST-ZIP	ST. PETERSBUI	HG FL 33/03		<del></del>	1.4 CITY-	ST-ZIP		i i i i i i i i i i i i i i i i i i i		
TITLE	l Tim	LL MP. 1	L	DELETE	2 1 TITLE				Change Addition	
NAME	CHURCHILL, DA		· · ·		2.2 NAME					
STREET ADDRESS	2200 ROUTE 30					TADDRESS				
CITY-ST-ZIP	PALMETTO FL	34221		2.4 CITY-	ST-ZIP	<del>  _</del>				
TITLE	DS POR	CDT A		DELETE	3.1 TITLE		D.		Change Addition	
NAME	FORLIZZO, ROBERT A				3.2 NAME			ORGE BILEK		
STREET ADDRESS	13577 FEATHER SOUND DRIVE, SUITE 300   CLEARWATER FL 34622					TADDRESS				
CITY-ST-ZIP	D CLEARWATER I	L 34022		7	3.4 CITY-	T-ZIP		LMOTTO, FL. 342		
TITLE		0 E		DELETE	4.1 TITLE			V. HURER	Change 🔀 Addition	
NAME	HEENEN, JAME	s e e drive, suite :	220		4.2 NAME			ARLES HUBER		
STREET ADORESS	CLEARWATER I		ZZU		1	T ADDRESS		L00 /~··	.3.	
CITY-ST-ZIP	D CLEARWATER I	L 34022		·	4.4 CITY-	iT-ZIP	1 19	LMETTO, FL 842		
TITLE	F <b>lemin</b> g, John	1.0		DELETE	5.1 TITLE				Change Addition	
NAME			990		5.2 NAME					
STREET ADDRESS		E DRIVE, SUITE :	LCU			TADDRESS	1			
CITY-ST-ZIP	CLEARWATER I	L J9022	т		5.4 CITY-5	ST-ŽIP	-			
TITLE			L	DELETE	6.1 TITLE			• •	Change Addition	
NAME					6.2 NAME					
STREET ADDRESS						T ADDRESS				
CITY-ST-ZIP	artifu that the Informa	tion aunolisal with at	do filipa do co m		6.4 CITY-5			n 110 07/2)/i) Elecido Statutan I furibar	and the short short state of the	

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.

MUNCHATURE REQUIRED