FILED

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90105 017 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000101829

1. Corporation Name

FIBRE TECH INSTALLATION, INC.

Principal Place of Business 2181 - 34TH WAY NORTH LARGO FL 33771 US DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 12/18/1996 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State 28 Country Applied For Country DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 12/18/1996 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country Applied For Not Applied For
LARGO FL 33771 US LARGO FL 33771 US DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 12/18/1996 2. Principal Place of Business 21 27 26 26 59-3424621. Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 59 40 50 40 40 40 50 60 40 40 40 60 60 40 40 60 60 60 40 40 60 60 60 40 40 60 60 60 40 40 60 60 60 40 40 60 60 60 60 40 60 60 60 60 60 60 60 60 60 60 60 60 60
US DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/18/1996 2. Principal Place of Business 21 232 344 UP V 26
3. Date Incorporated or Qualifed 12/18/1996 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. FEI Number 3. Date Incorporated or Qualifed 12/18/1996 4. FEI Number 59-3424621. Not Applied For 59-3424621. Suite, Apt. #, etc. 27 City & State City & State City & State 28 City & State City & State 29 Country Added to Fees 29 30 Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent MORRIS, ANDREW 2181 - 34TH WAY NORTH 3. Date Incorporated or Qualifed 12/18/1996 4. FEI Number 59-3424621. Suite, Apt. #, etc. City & State City & Stat
2. Principal Place of Business 2. Applied For 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 2. Dountry 2. Country 3. Country 3. Country 4. FEI Number 59-3424621. 5. Certificate of Status Desired 59-3424621. 5. Certificate of Status Desired 59-3424621. 5. Certificate of Status Desired 59-3424621. 50 Certificate of Status Desired 50 Certificate
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 2. City & State 2. City & State 2. Country 2. Description of Status Desired of Sta
21 23 34 Why 1 26 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Added to Fees Zip Country Added to Fees Zip Country Added to Fees Added to Fees Personal Property Tax. 9. Name and Address of Current Registered Agent MORRIS, ANDREW 2181 - 34TH WAY NORTH 25 Street Address (P.O. Box Number is Not Acceptable) 27 Suite, Apt. #, etc. 5. Certifcate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year intangible Personal Property Tax. 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 23 3 3 4 11 W Ay NORTH
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Added to Fees Added to Fees Address of Current Registered Agent MORRIS, ANDREW 2181 - 34TH WAY NORTH Suite, Apt. #, etc. Suite Address of Status Desired Suite Address
5. Certificate of Status Desired 1 Fee Required City & State Country Country Zip Country Registered Agent MORRIS, ANDREW 2181 - 34TH WAY NORTH 5. Certificate of Status Desired 1 Fee Required Fee Requi
City & State 23 Cay q O
Trust Fund Contribution Added to Fees Zip Country Zip Country 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes the current year intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent MORRIS, ANDREW 2181 - 34TH WAY NORTH 28 Trust Fund Contribution Added to Fees 80 Trust Fund Contribution Added to Fees 81 Name Personal Property Tax. Yes No 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 23 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent MORRIS, ANDREW 2181 - 34TH WAY NORTH 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 233 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9. Name and Address of Current Registered Agent MORRIS, ANDREW 2181 - 34TH WAY NORTH 82 Street Address (P.O. Box Number is Not Acceptable) 2323 34TH WAY NO
9. Name and Address of Current Registered Agent 81 Name MORRIS, ANDREW 2181 - 34TH WAY NORTH 82 Street Address (P.O. Box Number is Not Acceptable) 2333 34th Way North
MORRIS, ANDREW 2181 - 34TH WAY NORTH 82 Street Address (P.O. Box Number is Not Acceptable) 2323 34th Way N.
2181 - 34TH WAY NORTH 2181 - 34TH WAY NORTH 2323 34Th Way North
2323 34th Way N
EARGO FL 33//1 83 1
84 City \ 85 Zip Code
Largo FL 23VVI
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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a description of the appointment as registered agent. I am familiar with a description of the appointment as registered agent. I am familiar with a description of the appointment as registered agent. I am familiar with a description of the appointment as registered agent. I am familiar with a description of the appointment as registered agent. I am familiar with a description of the appointment as registered agent. I am familiar with a description of the appointment as registered agent. I am familiar with a description of the appointment as registered agent. I am familiar with a description of the appointment as registered agent. I am familiar with a description of the appointment as registered agent. I am familiar with a description of the appointment as registered agent.
SIGNATURE 1
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
X 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE PVPS DELETE 1.1 TILE
TITLE PVPS DELETE 1.1 TITLE Change Addition NAME MORRIS, ANDREW 12 NAME 0.3.23 36.44 (1) AU V.
TITLE PVPS DELETE 1.1 TITLE NAME MORRIS, ANDREW STREET ADDRESS 2323 3N4 WAY N. STREET ADDRESS 2323 3N4 WAY N.
TITLE PVPS DELETE 1.1 TITLE NAME MORRIS, ANDREW STREET ADDRESS 2181 34TH WAY N CITY-ST-ZIP LARGO FL DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 23.23 35.45 WAY U. LARGO FL 1.4 CITY-ST-ZIP LARGO FL DELETE 1.1 TITLE 1.5 CITY-ST-ZIP LARGO FL DELETE 1.1 TITLE DELETE 1.1 TITLE 1.5 CITY-ST-ZIP LARGO FL DELETE 1.1 TITLE DELETE 1.1 TITLE DELETE 1.1 TITLE DELETE
TITLE PVPS DELETE 1.1 TITLE Addition NAME MORRIS, ANDREW 12 NAME 12 NAME STREET ADDRESS 2181 34TH WAY N 13 STREET ADDRESS 23 23 35/4 WAY V CITY- ST-ZIP LARGO FL 14 CITY- ST-ZIP LG-rqo F1 33771 TITLE DELETE 2.1 TITLE Change Addition
TITLE PVPS DELETE 1.1 TITLE NAME MORRIS, ANDREW STREET ADDRESS CITY-ST-ZIP LARGO FL DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP LARGO FL DELETE 2.1 TITLE NAME DELETE 2.1 TITLE NAME 2.2 NAME
TITLE PVPS DELETE 1.1 TITLE NAME MORRIS, ANDREW STREET ADDRESS CITY-ST-ZIP LARGO FL TITLE NAME NAME STREET ADDRESS
TITLE PVPS DELETE 1.1 TITLE NAME MORRIS, ANDREW STREET ADDRESS CITY-ST-ZIP LARGO FL DELETE 2.1 TITLE NAME DOELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CATEGO FL 33777 DELETE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CHANGE CANGE Additional Control of the contro
TITLE
TITLE
TITLE PVPS DELETE 1.1 TITLE NAME MORRIS, ANDREW STREET ADDRESS 2181 34TH WAY N LARGO FL 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 2.3 STREET ADDRESS CITY-ST-ZIP TITLE 2.3 STREET ADDRESS CITY-ST-ZIP TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS STREET ADDRESS 3.3 STREET ADDRESS
TITLE PVPS DELETE 1.1 TITLE NAME MORRIS, ANDREW STREET ADDRESS CITY-ST-ZIP LARGO FL TITLE DELETE 1.1 TITLE 2323 3V4 WAY N LARGO FL 1.4 CITY-ST-ZIP CAME 2.1 TITLE CAME 2.2 NAME STREET ADDRESS CITY-ST-ZIP CHange Additional Control of the c
TITLE PVPS DELETE 1.1 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELETE 2.1 TITLE DELETE 2.1 TITLE Change Additional Control of the control of t
TITLE
TITLE PVPS DELETE 1.1 TITLE MORRIS, ANDREW STREET ADDRESS 2181 34TH WAY N 13 STREET ADDRESS CITY-ST-ZIP LARGO FL DELETE 2.1 TITLE Change Additional content of the
TITLE
TITLE PVPS
DELETE
TITLE PVPS DELETE 1.1 TITLE MORRIS, ANDREW 12 NAME 13 STREET ADDRESS 23 23 3 3 4 4 Way N 14 CITY-ST-ZIP LARGO FL 1.1 TITLE DELETE 2.1 TITLE DELETE 2.2 NAME 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP DELETE 3.1 TITLE DELETE 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DELETE 3.1 TITLE DELETE DELETE 3.4 CITY-ST-ZIP DELETE A1 TITLE DELETE A1 STREET ADDRESS A1 CITY-ST-ZIP A1
TITLE PVPS DELETE 1.1 TITLE Addit Ad
TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR