

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90178 042 ***150.00

DOCUMENT # **P97000033169**

1. Corporation Name

FIBRE TEC. OF SOUTH FLORIDA INC.

Principal Place of Business

4740 NW 24TH COURT
APT. A-201
LAUDERDALE LAKES FL 33313

Mailing Address

4740 NW 24TH COURT
APT. A-201
LAUDERDALE LAKES FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1997

4. FEI Number

65-0745605

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4700 OAKES Rd
Suite, Apt. #, etc.

22 BAY E

23 DAVIS FLA

24 33314

25 USA

2a. Mailing Address

26 4700 OAKES Rd
Suite, Apt. #, etc.

27 BAY E

28 DAVIS FLA

29 33314

30 USA

9. Name and Address of Current Registered Agent

RICH, CASSANDRA
1370 HAMMONDVILLE RD
UNIT 9
POMPANO BCH FL 33309

10. Name and Address of New Registered Agent

81 Name FRANKIE HENDRY
82 Street Address (P.O. Box Number is Not Acceptable)
4740 NW 24 CT
83 A105
84 City LAUDERDALE LKS FL 85 Zip Code 33313

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 ☐ DELETE

TITLE PD
NAME LUUS, COLIN FRANCIS
STREET ADDRESS 4740 NW 24TH COURT, APT. A-201
CITY-ST-ZIP LAUDERDALE LAKES FL 33313

TITLE VD ☒ DELETE

NAME LUUS, BOBBY C
STREET ADDRESS 4740 NW 24TH COURT, APT. A-201
CITY-ST-ZIP LAUDERDALE LAKES FL 33313

TITLE T ☐ DELETE

NAME CASTRO, CARLOS
STREET ADDRESS 4760 NW 24TH CT APT 120
CITY-ST-ZIP LAUDERDALE LKS FL 33313

TITLE SPM ☒ DELETE

NAME RICH, JERRY C
STREET ADDRESS 5850 POWERLINE RD
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE SPM
1.2 NAME RAN, CRAIG HENRY
1.3 STREET ADDRESS 4760 NW 24 CT A120
1.4 CITY-ST-ZIP LAUDERDALE LKS 33313 FLA

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/30/99 954 797 7002

0315613

CR2E034 (11/98)