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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000090795 (0)

ANDAR FIBER OPTICS, INC.

Principal Place of Business

Mailing Address

FILED May 01 1998 8:00am Secretary of State



| 1000 W. LAKE BRANTLEY ROAD<br>ALTAMONTE SPRINGS FL 32714  |  | 1000 W. LAKE BRANTLEY ROAD<br>ALTAMONTE SPRINGS FL 32714 |                            |             | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  |  |
|---|--|--|----------------------------|-------------|--|--|
|   |  |  |                            |             | 10/20/1997   |  |
| 2. Principal Pl   | ace of Business                                      | 26. Mailing Address 26                                   |                            |             | 4. FEI Number Applied For Not Applicable   |  |
| Suite, Apt. #, etc.   |  | Suito, Apt #, etc. 27                                    |                            |             | 5. Certificate of Status Desired   |  |
| City & State  |  | City & State   |                            |             | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees                         |  |
| Zip<br>24   | Country 25   |  | Country<br>30              |             | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |  |
|   |  |  |                            |             | 10. Name and Address of New Registered Agent   |  |
| SOTIENS, TILLIAM J  |  |  |                            | 81 Name     |  |  |
| 1000 W. LAKE BRANTLEY ROAD<br>ALTAMONTE SPRINGS FL 32714  |  |  | 82<br>83                   | Street      | t Address (P.O. Box Number is Not Acceptable)  |  |
|   |  |  | 63                         |             |  |  |
|   |  |  | 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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |  |  |                            |             |  |  |
| SIGNATURE   |  |  |                            |             |  |  |
|   | Signature, typed or printed rianie of registered age | <del></del>  |                            | nt signatur | re required when reinstating) DATE   |  |
| 12.   | OFFICERS ANI   | DELETE DELETE  | 13.                        |             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition   |  |
| NAME  | 80WERS, WILLIAM J                                    |  | 12 NAME                    |             | Change Li Addition   |  |
| STREET ADDRESS  | 1000 W. LAKE BRANTLEY RO                             | DAD  | 1.3 STREET                 | ADDRESS     |  |  |
| CITY-ST-ZIP   | ALTAMONTE SPRINGS FL 32                              |  | 1.4 CITY - S               |             |  |  |
| TITLE   | D  | DELETE   | 21 TITLE                   |             | Change Addition  |  |
| NAME  |  |  | 2.2 NAME                   |             |  |  |
| STREET ADDRESS 1000 W. LAKE BRANTLEY ROAD   |  |  | 2.3 STREET ADDRESS         |             |  |  |
| CITY-ST-ZIP   | ALTAMONTE SPRINGS FL 32                              |  | 2. 4 CHY-5                 | ST-ZIP      |  |  |
| TITLE   | DELETE   |  | 3.1 11TLE                  |             | Change  Addition   |  |
| NAME<br>Street address  |  |  | 3.2 NAME                   | ANDRESS     |  |  |
| CITY-ST-ZIP   |  |  | 3.3 STREET<br>3.4. CITY- S |             |  |  |
| TITLE   |  | DELETE   | 4.1 TITLE                  | 54 EH.      | Change Addition  |  |
| NAME  |  |  | 4. 2 NAME                  |             |  |  |
| STREET ADDRESS  |  |  | 4.3 STREET                 | ADDRESS     |  |  |
| CITY-ST-ZIP   |  |  | 4.4 CITY - S               | T-ZIP       |  |  |
| TITLE   |  |  | 5.1 TITLE                  |             | ☐ Change ☐ Addition  |  |
| NAME  |  |  | 5.2 NAME                   |             |  |  |
| STREET ADORESS  |  |  | 5.3 STREET                 |             |  |  |
| CITY-ST-ZIP<br>TITLE  |  | DELETE   | 5.4 CITY - S               | T-ZIP       | Change Addition  |  |
| NAME  |  | - pricit   | 6.1 TITLE<br>6.2 NAME      |             | E Change E Adollon   |  |
| STREET ADDRESS  |  |  | 6.3 STREET                 | ADDRESS     |  |  |
| CITY-ST-ZIP   |  |  | 6.4 CITY - S               |             |  |  |
|   | ertify that the information cumplied wi              | ith this films does not suplify for                      |                            |             | led in Section 119.07/3\fti\ Florida Statutes I further partituthat the information                        |  |

6. 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.

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