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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700097787 (0)

FIBER OPTIC LIGHTING INC.

Principal Place of Business

Mailing Address

FILED Apr 02 1998 8:00am Secretary of State

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5484 SALEM SQUARE DRIVE SOUTH 5484 SALEM SOUARE DRIVE SOUTH PALM HARBOR FL 34685 PALM HARBOR FL 34685 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/14/1997 2. Principal Place of Business 2a. Mailing Address Applied For 3382 MERMOOR DRIVE 3382 MERMOOR DRIVE Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 101 101 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing PALM HARBOR Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible USA USA 30 X Yes □ No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HAMMEL, STEVEN EDWARD 5484 SALEM SQUARE DRIVE SOUTH Street Address (P.O. Box Number is Not Acceptable PALM HARBOR FL 34685 83 Zip Code 34685 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 both, and accept the obligations of, Section 907.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGE 13. Addition DELETE TITLE 1.1 TITLE NAME 1.2 NAME 3382 MERMOOR DRIVE, APT 101 STREET ADDRESS 1.3 STREET ADDRESS PALM HARBOR CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 City-St-ZiP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS COTY-ST-71P 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby 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.

SIGNATURE: Steve Na

X 284/or. 1998×813 \$85-103