## 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 # P98000024548

1. Corporation Name

FIBER DIRECT CORPORATION

## Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90065 003 \*\*\*158.75



Principal Place	e of Business	Mailing Address		•
3061 N. COURS	SE DRIVE. SUITE 201	3061 N. COURSE DRIVE, SUIT	E 201	
POMPANO BEA	ICH FL 33069	POMPANO BEACH FL 33069		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				03/16/1998
<ol> <li>Principal P</li> </ol>	lace of Business	2a. Mailing Address		Applied For
1451	W. CUDIOSS Creek Rd	26 1451 4) (1	<u>s iess Creek</u>	Rd. 65-0817934 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>	
$\leq 1$	11e 300	27 Svite 3	DO	Certificate of Status Desired     Fee Required
City & Stat	e, III	City & State	1 1	6. Election Campaign Financing \$5.00 May Be
3 FOV	Lauderdale, FL	28 Fort Lavo	lerdale	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
4 35	309 25 05	29 35509 30	1 72	Personal Property Tax. Yes No
	9. Name and Address of Current F	Registered Agent	81 Name	10. Name and Address of New Registered Agent
ROR	IZILLERI, JAMES V			BORZILLERI, JAMES V.
	I N. COURSE DRIVE, SUITE 201		82 Street A	Address (P.O. Box Number is Not Acceptable)
	PANO BEACH FL 33069		83	blw. Cypress Cleek Rd.
. •				Suite 300
			84 City	TOUT LOUDGICO FL 85 Zip Code 32309
44 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes.	the above-named c	corporation submits this statement for the purpose of changing its registered
office or a	redistelled agent or both in the State of	Florida. Such change was auth	orized by the corpor	oration's board of directors. I hereby accept the appointment as registered
'	m familiar with, and accept the obligatio		BORZIL	11501 100 x 1 21/ac
SIGNATURE	Signature, typed or primed name of registered agent as	JAMES V. nd title if applicable. (NOTE: Re	gistered Agent signature rec	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>/</b> 0	DELETE	1.1 TITLE	Addition
NAME	BORZILLERI, JAMES V		1.2 NAME	JAMES V. BORZILLERI
STREET ADDRESS		201	1.3 STREET ADDRESS	1451 W. Cypress Creek Rd, Suite 300
CITY-ST-ZIP	POMPANO BEACH FL 33069		1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE		☐ DELETE	2.1 TITLE	. Change Dividuon
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	☐ Change ☐ Addition
TITLE		□ BEEETE	3.2 NAME	
NAME			3.3 STREET ADDRESS	
STREET ADDRESS			3.4. CITY-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4, 2 NAME	•
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY- ST-2)P	·
TITLE		☐ DELETÉ	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	· )
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
************************			6.3 STREET ADDRESS	
STREET ADDRESS	'			T T

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, of on an attachment of the corporation of the receiver or trustee empowered.

SIGNATURE:

JAMES V. BORZILLERI 1/21/99