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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 01, 1999 8:00 am Secretary of State 04-01-1999 90047 049 ***150.00

DOCUMENT # P98000027521

FIBERVISION 2000, INC.						280127 - 90047	- 49	 —————)	
Principal Place	e of Business	Mailing Address				_				
1586 S.W. Bayshore Blvd. 1586 S.W. Bayshore Blvd. Port St. Lucie, FL 34983 Port St. Lucie, FL 34983						DO NOT WRITE IN THIS SPACE				
Port St. Lucie, FL 34983 Port St. Lucie				. 3 4 5	3 83	Date Incorporated or Qualifed 3/23/98				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 65-0823921		 	oplied For ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional equired	7
City & Stat	e	City & State				6. Election Campaign Financing			May Be	
Zip	Country	Zip	Cou	ıntry		Trust Fund Contribution 8. This corporation owes the current	nt year Intar		to Fees	
24	9. Name and Address of Current	29 Registered Agent	30			Personal Property Tax. 10. Name and Address of New Re		☐ Yes gent	₩ No /	1
				81 N	lame					7
	n, Brett			82 S	treet Addre	ess (P.O. Box Number is Not Acceptab	le)	··		1
1586 S.W. Bayshore Blvd. Port St. Lucie, FL 34983				83				-		1
POLC	pr. nacie, in 24302			84 C	ity		FL.	85 Zip (Code	1
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the a	bove-na	amed corpo	pration submits this statement for the p	urpose of cl	hanging its	registered	1
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was a	authorized	d by the	corporation	n's board of directors. I hereby accept	the appoint	ment as re	gistered	
SIGNATURE										1
CICITATIONE	Clanature hand or printed some of engistered agent of	and title if englisable (NOTI	- Decistored	Acant eig	naturo required	when reinstating)	DATE			۔ ا
	Signature, typed or printed name of registered agent a OFFICERS AND		: Registered	f Agent sign	nature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	ORS IN 12	- 6
12.	OFFICERS AND		 -		nature required			DIRECTO	DRS IN 12	100,11
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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.

SANDY THOMPSON SANDY THOMPSON