FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # S70286

(7)

FIBER	SCIENCE, INC.				
Principal Place	of Business	Mailing Address		# 1885(1010 101 (800) 400)	0 14
1081 PIEDMONT AVE N.E. 1081 PIEDMONT AVE N. PALM BAY FL 32907 PALM BAY FL 32907			N.E.		
				3. Date Incorporated or Qualified 07/29/1991	3a. Date of Last Report 04/11/1995
2. Principal Pla		2a. Mailing Address 26		4. FEI Number 59-3074413	Applied For
Suite, Apt. #	Kinby Ave, NE	Suite, Apt. #, etc.		33 001 44 10	Not Applicable \$8.75 Additional
	te 4	27		5. Certificate of Status Desired	Fee Required
City & State	Bay, Florida	City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24 3290	Country	Zip 29	Country	8. This corporation has liability for	
3270	9. Name and Address of Current		30	Florida Statutes Yes 10. Name and Address of New F	Registered Agent
			81 Name	10, 114110 11410 01 11617	logistorou Agent
FREDRICKS, STEVEN D.			82 Street Addre	ess (P.O. Box Number is Not Acceptate	nie)
1081 PIEDMONT AVENUE N.E.				indiass (con Hambor to Not Acceptable)	
PALM E	BAY FL 32907		83		
			84 City		85 Zip Code
11. Pursuant to	the provisions of Sections 607,0502 a	nd 607.1508, Florida Statutes,	the above-named corpora	ation submits this statement for the nu	roose of changing its registered office
or registere	ed agent, or both, in the State of Florida n, and accept the obligations of Section	Such change was authorized	by the corporation's board	of directors. I hereby accept the app	ointment as registered agent. I am
SIGNATURE _	Street D'Fredrie	M STEVEN D.	FREdRICKS	President	4-14-96 DATE
12.	Signature typed or printed name of registered agent an OFFICERS AND	little if applicable. (NOTE:	Registered Agent signature required	when reinstating)	5-11
TITLE	D	DELETE	13.	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	Fredricks, steven D.		1.2 NAME		
STREET ADDRESS	1081 PIEDMONT AVE NE		1 3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		1.4 CITY-ST-ZIP		32407
TITLE	D	☐ DELETE	2 1 TITLE		Change 🔀 Addition
NAME	VANAGS, EDGAR		2.2 NAME		
STREET ADDRESS	278 GREENWAY AVENUE NE PALM BAY FL		2 3 STREET ADDRESS		
CITY-ST-ZIP	FALM DAT FL	DELETE	2.4 CITY-ST-ZIP		32967
NAME		Dorreit	3. 1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST - ZIP		
THLE		DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		·
CiTY-ST-ZiP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME DIRECT ADDRESS			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP		Change - Address
NAME		LJ beceit	6.1 TITLE		Change Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
	cartify that the information supplied with	this files is voluntarily fundate	6.4 CITY-ST-ZIP	Alexander Control	07/07/10 50 11 50 11

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 address.

SIGNATURE:

| SIGNATURE | SIGNA

CR2E034 (12/95)