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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$70286

(7)

Mailing Address

FIBER SCIENCE, INC.

Principal Place of Business

FILED Feb 05 1997 8:00am Secretary of State

| 2855 KIRBY AV SUITE 4 PALM BAY FL : | | 1081 PIEDMONT AVE N.E. PALM BAY FL 32907-1449 | | | 1 | | | |
|---|--|--|--|---|---|--------------------------------|--------------------------------------|--|
| US | | | | | 3. Date Incorporated or Qualified 07/29/1991 | 3a. Date of La 04/18/199 | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | | 59-3074413 | | Not Applicable | |
| Suite, Apt #, etc 22 | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| City & State | e | City & State | | | Election Campaign Financing Trust Fund Contribution | | 00 May Be led to Fees | |
| Zip | Country | Zip | Country | | 8. This corporation has liability for intangible tax under s. 199.032, | | | |
| 24 | 25 | | 30 | · · · · · · · · · · · · · · · · · · · | Florida Statutes X Yes No | | | |
| | 9. Name and Address of Co | rrent Registered Agent | | | 10. Name and Address of New Reg | istered Agent | | |
| | dricks, steven D. | | 81 | Name . | | | | |
| 1061 PIEDMONT AVENUE N.E. Palm Bay Fl. 32907 | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | 83 | | | | | |
| | | | 84 | City | | FL 85 | Zip Code | |
| 11. Pursuant office or reagent. Fa | to the provisions of Sections 607 egistered agent, or both, in the 3 m familiar with, and accept the c | .0502 and 607.1508, Florida Statute State of Florida. Such change was a obligations of, Section 607.0505, Flor | s, the above uthorized by ida Statutes | -named corpora | poration submits this statement for the pution's board of directors. I hereby accep | roose of changing | ng its registered t as registered | |
| SIGNATURE | Sign it are type of or printed name of registion | of shore and tilloid group the (NIOTE | Pagistered App | nt eigneture regui | ired when reinstating) | DATE | | |
| 12. | | AND DIRECTORS | 13. | in alginatione requ | ADDITIONS/CHANGES TO OFFIC | | TORS IN 12 | |
| TITLE | D | DELETE | 1.1 TITLE | | 7.55171011070.7411020 10 01110 | Char | | |
| 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-S | | | | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ************************************** | ☐ Char | ige Addition | |
| NAME | VANAGS, EDGAR | | 2.2 NAME | | | | | |
| STREET ADDRESS | 278 GREENWAY AVENUE | NE | 2.3 STREET | ADDRESS | | | | |
| CiTY-ST-ZIP | PALM BAY FL | | 2. 4 CITY - 5 | | • • | | | |
| TITLE | *** **** **** **** **** **** **** **** **** | DELETE | 3.1 TITLE | | | ☐ Char | nge Addition | |
| NAME | | | 3.2 NAME | - | · | | | |
| STREET ADDRESS | | | 3.3 SYREET | ADDRESS | | | | |
| City-St-ZiP | | | 3.4. CITY-5 | T-ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | ☐ Char | nge Addition | |
| NAME | | | 4. 2 NAME | | | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY - S | T- ZIP | | | | |
| TITLE | | DELETE | 5.1 TITLE | | | Char | nge 🔲 Addition | |
| NAME | | | 5.2 NAME | | | | | |
| STREET ACURESS | | | 5.3 STREET | ADDRESS | | - | | |
| CITY - ST-ZIP | | | 5.4 CITY - S | T- ZIP | | | | |
| TITLE | | DELETE | 6.1 TITLE | | | Char | nge Addition | |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADORESS | | | 6.3 STREET | ADDRESS | | | | |
| CITY+ST-ZIP | | T. 11. 11. 11. 11. 11. 11. 11. 11. 11. 1 | 6.4 CITY - S | T- ZIP | | | | |

14. I do 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 eath; 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:

STATUTE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 January 1997 (407)726-6327