

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V07356 (1)**

1. Corporation Name

**CONTINENTAL FIBER TECHNOLOGIES, INC.**



Principal Place of Business

**PO BOX 17613-F  
JACKSONVILLE FL 32245-7613**

Mailing Address

**5 WEST 3RD ST  
C/O ADELPHIA COMM  
COUDERSPORT PA 16915  
US**

3. Date Incorporated or Qualified **01/17/1992** 3a. Date of Last Report **07/19/1995**

2. Principal Place of Business

21 **21**

Suite, Apt. #, etc.

22 **22**

City & State

23 **23**

Zip

Country

24 **24**

2a. Mailing Address

26 **7800 Belfort Parkway**

Suite, Apt. #, etc.

27 **#190**

City & State

28 **JACKSONVILLE, FL**

Zip

29 **32250**

Country

30 **US**

4. FEI Number **59-3116083**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature based on printed name of registered agent

Signature of Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
C	HOSTETTER, AMOS B	PILOT HOUSE, LEWIS WHORF	BOSTON MA	<input type="checkbox"/>
P	RITTER, MICHAEL J	PILOT HOUSE, LEWIS WHARF	BOSTON MA	<input type="checkbox"/>
V	DELORME, JEFFREY T	PILOT HOUSE, LEWIS WHARF	BOSTON MA	<input type="checkbox"/>
S	DUNHAM, W LEE H	PILOT HOUSE, LEWIS WHARF	BOSTON MA	<input type="checkbox"/>
AS	CARL, DAVID H	5934 RICHARD STR	JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1				<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>

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 attached sheet with an address.

SIGNATURE:

*David H. Carl*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DAVID H. CARL**

**4/25/96** **904-448-3322**  
DATE Daytime Phone #

CR2E034 (12/95)