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

PROFIT CORPORATION ANNUAL REPORT 1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

564748

FILED Feb 18 1998 8:00am Secretary of State

DOCUMENT # (2) ELECTRO-OPTIX U.S.A., INC. Principal Place of Business Mailing Address 4100 N.POWERLINE ROAD 4100 N.POWERLINE ROAD DO NOT WRITE IN THIS SPACE POMPANO BCH. FL 33073-2261 POMPANO BCH. FL 33073-2261 3. Date Incorporated or Qualified 12/23/1977 2. Principal Place of Business 2a. Mailing Address Applied For 21 11-2254360 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ZALMAN, ALEXANDER 4100 N. POWERLINE ROAD Street Address (P.O. Box Number is Not Acceptable) 82 POMPANO BCH. FL 33073 83 84 City Zip Code 11. Pursuant to the provisions of Sectionfice or registered and it, or both s 607 0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the objections of, Section 607 0505, Florida Statutes. SIGNATURE 12. RS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE ZALMAN, ALEXANDER 1.2 NAME NAME 4100 N POWERLINE RD STREET ADDRESS 1.3 STREET ADDRESS POMPANO BCH. FL CITY - ST - ZIP 1.4 CITY - \$1 - ZIP DELETE 2.1 TITLE Change Addition TITLE NAME ZALMAN, FREDA 2.2 NAME 4100 N POWERLINE RD STREET ADDRESS 2 3 STREET ADDRESS POMPANO BCH. FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-S1-ZIP 3 4. CHY - ST - ZIP DELETE 4 1 TITLE Addition TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST- 7IP

14. Thereby 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 supplience tall 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 trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Right 13 of Report 14 and Report 14 are Report 15 and Report 15 are Report 1

SIGNATURE: