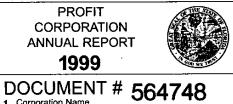
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90094 015 \*\*\*150.00

ELECTRO	D-OPTIX U.S.A., INC.										
Principal Place	e of Business	Mailing Address					i impini nifan nifit ninii isanii ais		Til Stalt Bibli B		
4100 N.POWERLINE ROAD BUILDING J POMPANO BCH. FL 33073-2261  4100 N.POWERLINE ROAD BUILDING J POMPANO BCH. FL 33073-2261				31			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
							12/23/1977			ł	
Principal Place of Business     2a. Mailing Address							4. FEI Number		Ap	plied For	
21		26	26				11-2254360		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	├ <del></del>				5. Certifcate of Status Desired		\$8.75 A		
City & State	e	City & State	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28	28				Trust Fund Contribution	LJ	Added 1	to Fees	
Zip	Country	Zip	<b>—</b>				<ol><li>This corporation owes the curr</li></ol>	ent year Inta		_	
24	. 25	25 29 30					Personal Property Tax. Yes No			∐No	
	9. Name and Address of Curre	ent Registered Agent		941		1	0. Name and Address of New F	Registered A	lgent		
741 6	IAN ALEVANDED			81	Name						
ZALMAN, ALEXANDER 4100 N. POWERLINE ROAD			İ	82	82 Street Address (P.O. Box Number is Not Acceptable)						
	PANO BCH. FL 33073										
POW	PANO BOH. PL 330/3			83							
,			•	84	City			FL	85 Zip (		
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was au	itnorizea	DV I	-named o the corpo	corporat oration's	ion submits this statement for the board of directors. I hereby accep	purpose of on the purpoint the appoint	tment as re	gistered	
SIGNATURE			Di-t1			a accumulated	on reinstating)	DATE			
42	Signature, typed or printed name of registered as	IND DIRECTORS	13.	Agent	i şignatüre re	equired wix	ADDITIONS/CHANGES TO OF		D DIRECTO	DRS IN 12	
TITLE	PD	DELETE	1.1 TIT	LE .			7,0011,0110,011,020 10 0.	. 102110 1 111	Change	Addition	
NAME			1.2 NA							ì	
STREET ADDRESS	4100 N POWERLINE RD		1.3 ST	1.3 STREET ADDRESS							
CITY-ST-ZIP	POMPANO BCH. FL				1.4 CITY-ST-ZIP						
TITLE			_	2.1 TITLE					☐ Change	Addition	
NAME			2.2 NA	2.2 NAME							
STREET ADDRESS	4100 N POWERLINE RD			2.3 STREET ADDRESS							
CITY-ST-ZIP	POMPANO BCH. FL		: 2. 4 Cl	2.4 CITY-ST-ZIP -			es established			<del>-</del> ->+ :	
TITLE				LE					Change	Addition	
NAME				ME						1	
STREET ADDRESS			3.3 ST	REET	ADDRESS						
CITY-ST-ZIP			3.4. Cf		T-ZIP						
TITLE		DELETE	4.1 TIT	LE	1				☐ Change	☐ Addition	
NAME	9		4. 2 N	ME							
STREET ADDRESS			4.3 ST	REET	ADDRESS		•				
CITY-ST-ZIP		·	4.4 CI		-ZIP						
TITLE		☐ DELETE	5.1 TYT						☐ Change	☐ Addition	
NAME			5.2 NA					•	•		
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			5.4 CIT		-ZIP					ומיני א ניין	
TITLE	,	☐ DELETÉ	6.1 TIT						Change	Addition	
NAME			6.2 NA								
STREET ADDRESS			6.3 ST	REET	ADDRESS						

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 supplier tal annual peop t 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 ruse e 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 one of a attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #