PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 687079

1. Corporation Name

VERTEX OPTICAL, INC.

Principal Place of Business Mailing Address				1 1881/18 BITER FORTH FORTH COURT CARD I BITER OFGER BIRER OFGER BERTH OFGER BERTH OFGER FORTH	
169 NE 2ND AVE		1109 NW 5TH AVE			•
DELRAY BCH FL 33444		DELRAY BEACH FL 33444			DO NOT WRITE IN THIS SPACE
		US	•		3. Date Incorporated or Qualifed
					09/09/1980
O Dain air al Di	and Dunings	2a. Mailing Address			4. FEI Number Applied For
2. Principal Place of Business		26			59-2031080 Not Applicable
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certifcate of Status Desired Fee Required
City & State		City & State		, ,	6. Election Campaign Financing \$5.00 May Be
23		28	28		Trust Fund Contribution Added to Fees
Zip Country		Zip	Zip Country		8. This corporation owes the current year Intangible
24	25	29 3	0		Personal Property Tax. Yes No
•	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent
	OTHER LICENSE		81	Name	e .
	CHETT, HENRY	•	82	Street	et Address (P.O. Box Number is Not Acceptable)
169 NE 2ND AVE			_		
UELI	RAY FL 33444		83	'	
			84	City	FL 85 Zip Code
			**	<u> </u>	• - 1 1
office or re	onistered agent or both in the State	of Florida. Such change was auti	nonzea ov	the corb	ed corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	la Statutes	3.	
SIGNATURE		AND VICENTIA (NOTE: C	naistared Age	nt cionaturo	re required when reinstating) DATE
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	iit signature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PV	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MUSCHETT, HENRY		1.2 NAME		
STREET ADDRESS	1109 N.W. 5TH AVE.		1.3 STREE	TADORESS	SS
CITY-ST-ZIP	DELRAY BCH, FL 00000		1.4 CITY-8		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MUSCHETT, CELIA		2.2 NAME		
STREET ADDRESS	1109 N.W. 5TH AVE		2.3 STREE	TADDRESS	ss 🛫 🛥 💮 👢 🚾 🚾 💮 👢 🚾 🚾
CITY-ST-ZiP	DELRAY BCH, FL 00000		2.4 СПҮ-	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	T ADDRESS	ss
CITY-ST-ZIP			3.4. CITY-	ŞT-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		•
STREET ADDRESS	*		4.3 STREE	T ADDRESS	ss
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			1	ET ADDRESS	ss
CITY-ST-ZIP			5.4 CITY-1	ST-ZIP	[7.6b
TITLE		☐ DELETE	6.1 TITLE		Change Additio
NAME	ļ		6.2 NAME		
CTDEET ANNUECC	1		6.3 STREE	T ADDRESS	SS

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 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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY+ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90041 045 ***150.00