

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

1995 MAY -1 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F9300001083**

1. Corporation Name

**RAMADA OPTICS, INC.**

**22751-E MANDEVILLE PLACE BOCA RATON, FLORIDA 33433**

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**Sept. 1971**

3a. Date of Last Report  
**April 1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Same

26 Same

132697280

Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

23

28

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

24 Zip

Country

29 Zip

Country

25

26

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Harvey Jacobson  
22751-E Mandeville Place  
Boca Raton, Florida 33433**

81 Name  
**None**

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 typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**President  
Harvey Jacobson  
22751-E Mandeville Place  
Boca Raton, Florida 33433**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**Sec'y/Treas.  
Renee Jacobson  
22751-E Mandeville Place  
Boca Raton, Florida 33433**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY ST ZIP  
**900001432503  
-05/17/95--01179--010  
\*\*\*200.00 \*\*\*200.00**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY ST ZIP  
**208  
5-1-95**

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 attachment with an address.

SIGNATURE:

*Harvey Jacobson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 407 361 0095

Date

Revised 1/94