FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L11387** **(2)**

1. Corporation Name
OPTIPLEX, INC.

Principal Place of Business	Mailing Address
6500 NW 15TH AVENUE FORT LAUDERDALE FL 33309	6500 NW 15TH AVENUE FORT LAUDERDALE FL 33309

3. Date Incorporated or Qualified: **08/25/1989**
3a. Date of Last Report: **07/26/1995**

2. Principal Place of Business	2424 N. Federal Highway
Suite, Apt. #, etc.	Suite 362
City & State	Boca Raton, FL
Zip / Country	33431 / U. S.

2a. Mailing Address	2424 N. Federal Highway
Suite, Apt. #, etc.	Suite 362
City & State	Boca Raton, FL
Zip / Country	33431 / U. S.

4. FEI Number: **65-0159491** ☐ Applied For ☐ Not Applicable

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

BURGER, ALAN M. ESQ PA
9990 SW 77TH AVE
PENTHOUSE 5
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: Kathryn Dillon
82 Street Address (P.O. Box Number is Not Acceptable): 2424 N. Federal Highway
83: Suite 362
84 City: Boca Raton **FL** 85 Zip Code: 33431

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: Kathryn Dillon — Kathryn Dillon — 06/10/96
Signature, typed or printed name of registered agent and title, if applicable — (Note: Registered Agent signature required when changed) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KAPLAN, JAN 6500 NW 15 AVEN FT. LAUDERDALE FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DC James R. Cook 2424 N. Federal Highway Suite 362 Boca Raton, FL 33431	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KAPLAN, KAREN 6500 NW 15 AVE FT. LAUDERDALE FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	DV Peter Molinaro, Jr. 2424 N. Federal Highway Suite 362 Boca Raton, FL 33431	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	DV Vincent C. Manopoli 2424 N. Federal Highway Suite 362 Boca Raton, FL 33431	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D J. R. Damron, Jr. 2424 N. Federal Highway Suite 362 Boca Raton, FL 33431	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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: J.R. Damron Jr. — 6/6/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

J.R. Damron Jr.

CR2E034 (12/95)