

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000015472

FILED
Feb 19, 2004
Secretary of State

Entity Name: TRI-COUNTY OPTICAL LABORATORIES, INC.

Current Principal Place of Business:

1291 S. POWERLINE RD.
POMPANO BCH, FL 33069

New Principal Place of Business:

1205 S. POWERLINE RD.
POMPANO BCH, FL 33069

Current Mailing Address:

1291 S. POWERLINE RD.
POMPANO BCH, FL 33069

New Mailing Address:

1205 S. POWERLINE RD.
POMPANO BCH, FL 33069

FEI Number: 65-1098612 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COPPOLA, PATRICE
105 S. POWERLINE RD.
POMPANO BCH, FL 33069 US

Name and Address of New Registered Agent:

COPPOLA, PATRICE
1205 S. POWERLINE RD.
POMPANO BCH, FL 33069 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PATRICE COPPOLA 02/19/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COPPOLA, ROBERT C
Address: 1205 S POWERLINE RD
City-St-Zip: POMPANO BCH, FL 33069

Title: D () Delete
Name: COPPOLA, ROBERT C
Address: 1205 S POWERLINE RD
City-St-Zip: POMPANO BCH, FL 33069

Title: D () Delete
Name: MATUS, GERALD E
Address: 11300 4TH ST. NORTH, SUITE 125
City-St-Zip: ST. PETERSBURG, FL 33716

Title: D () Delete
Name: MATUS, GERALD E
Address: 11300 4TH ST. NORTH, SUITE 125
City-St-Zip: ST. PETERSBURG, FL 33716

Title: D () Delete
Name: EDWARDS, DAVID
Address: 1215 SW 8TH ST.
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: EDWARDS, DAVID
Address: 1215 SW 8TH ST.
City-St-Zip: BOCA RATON, FL 33486

Title: () Delete
Name: _____
Address: _____
City-St-Zip: _____

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: D () Change (X) Addition
Name: COPPOLA, PATRICE
Address: 1205 SOUTH POWERLINE ROAD
City-St-Zip: POMPANO BEACH, FL 33069

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 report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath. I am the principal 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICE COPPOLA 02/19/2004
Electronic Signature of Signing Officer or Director Date