

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90030 001 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000069119

1. Corporation Name
OPTISYS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
~~1127 MARIPOSA WAY~~ % SHARP, SMITH & HARRISON P.A.
~~BOULDER CITY NV 89005.~~ 4830 KENNEDY BLVD #630
~~US.~~ TAMPA FL 33609
 US

3. Date Incorporated or Qualified
08/16/1996

4. FEI Number Applied For
59-3398362 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **2920 N. Green Valley Parkway** 26
 Suite, Apt. #, etc. Henderson NV
 22 **Suite 522** 27
 City & State Henderson NV
 23
 Zip **89014** Country **USA** 29 Zip Country 30

9. Name and Address of Current Registered Agent
SHARP, WILLIAM M SR
4830 W KENNEDY BLVD #630
TAMPA FL 33609

10. Name and Address of New Registered Agent
 81 Name
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	DPST	<input type="checkbox"/> DELETE
NAME	HARDY, LESLIE	
STREET ADDRESS	1127 MARIPOSA WAY	
CITY-ST-ZIP	BOULDER CITY NV 89005	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLF, GILBERT	
STREET ADDRESS	MIN DATOR AB EKBACKSGEN 20 BOX 11105	
CITY-ST-ZIP	S-161 11 BROMMA, SWEDEN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHANNSSON, BANGT	
STREET ADDRESS	MIN DATOR AB EKBACKSVAGEN 20 BOX 11105	
CITY-ST-ZIP	S-161 11 BROMMA, SWEDEN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D GAWELIN, Hans	
4.3 STREET ADDRESS	EKBACKSVAGEN 20, BOX 11105	
4.4 CITY-ST-ZIP	S-161 11 Bromma, Sweden	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE: *Leslie Hardy* / *Leslie Hardy* 1/26/99 702-454-6666

CR2E034 (11/98)