

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

**FILED**  
**May 07 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 427124 (3)**

1. Corporation Name  
**RAM OPTICAL, INC.**



Principal Place of Business 4399 35 ST N P O BOX 84000 ST PETERSBURG FL 33784	Mailing Address 4399 35 ST N P O BOX 84000 ST PETERSBURG FL 33784-4000
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2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>06/01/1973</b>	3a. Date of Last Report <b>03/19/1996</b>
4. FEI Number <b>59-2264474</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PAYNE, JOHN W**  
**4399 35TH STREET NORTH.**  
**ST. PETERSBURG FL 33714**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	VT	<input type="checkbox"/> DELETE
NAME	STANKIEWICZ, CY	
STREET ADDRESS	3804 48TH AVE S.	
CITY - ST - ZIP	ST PETERSBURG, FL 0	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STEVENS, ROBERT E	
STREET ADDRESS	9180 80 ST N	
CITY - ST - ZIP	PINELLAS PARK FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PAYNE, J. SCOTT	
STREET ADDRESS	14 BELLEVUE DR	
CITY - ST - ZIP	TREASURE ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUFFY, CHARLES J	
STREET ADDRESS	13380 86TH AVE N	
CITY - ST - ZIP	SEMINOLE, FL 0	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOTTA, JOSEPH	
STREET ADDRESS	14 BELLEVUE DR	
CITY - ST - ZIP	TREASURE ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAYNE, JOHN W	
STREET ADDRESS	68 DOLPHIN DRIVE	
CITY - ST - ZIP	TREASURE ISLAND, FLO	

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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 do 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 officer 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **04/28/97** DAYTIME PHONE #: **813 596 0591**

**NOTARIAL SIGNATURE REQUIRED**

CR2E034 (9/96)