

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

**FILED**  
**Mar 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</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 <b>4399 35 ST N                  P O BOX 84000                  ST PETERSBURG FL 33784</b>	Mailing Address <b>4399 35 ST N                  P O BOX 84000                  ST PETERSBURG FL 33784</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/01/1973</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2264474</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PAYNE, JOHN W                  4399 35TH STREET NORTH.                  ST. PETERSBURG FL 33714</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STANKIEWICZ, CY</b>	1.2 NAME	
STREET ADDRESS	<b>3804 48TH AVE S.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG, FL 0</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEVENS, ROBERT E</b>	2.2 NAME	
STREET ADDRESS	<b>9180 60 ST N</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PINELLAS PARK FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAYNE, J. SCOTT</b>	3.2 NAME	
STREET ADDRESS	<b>14 BELLEVUE DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TREASURE ISLAND FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUFFY, CHARLES J</b>	4.2 NAME	
STREET ADDRESS	<b>13380 86TH AVE N</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE, FL 0</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOTTA, JOSEPH</b>	5.2 NAME	
STREET ADDRESS	<b>14 BELLEVUE DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TREASURE ISLAND FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAYNE, JOHN W</b>	6.2 NAME	
STREET ADDRESS	<b>68 DOLPHIN DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TREASURE ISLAND, FLO</b>	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, its manager 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 Block 14 if added, with an address.

SIGNATURE: *CY STANKIEWICZ* **2/12/98**

CR2E034 (10/97)