

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

FILED  
Mar 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

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
--	--



DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 06/01/1973	
25		30		4. FEI Number 59-2264474	
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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 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	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT STANKIEWICZ, CY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3804 48TH AVE S.	1.2 NAME	
STREET ADDRESS	ST PETERSBURG, FL 0	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V STEVENS, ROBERT E	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9180 60 ST N	2.2 NAME	
STREET ADDRESS	PINELLAS PARK FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD PAYNE, J. SCOTT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14 BELLEVUE DR	3.2 NAME	
STREET ADDRESS	TREASURE ISLAND FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D DUFFY, CHARLES J	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13380 86TH AVE N	4.2 NAME	
STREET ADDRESS	SEMINOLE, FL 0	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD MOTTA, JOSEPH	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14 BELLEVUE DR	5.2 NAME	
STREET ADDRESS	TREASURE ISLAND FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D PAYNE, JOHN W	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	68 DOLPHIN DRIVE	6.2 NAME	
STREET ADDRESS	TREASURE ISLAND, FLO	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 and a member 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:  2/12/98

CR2E034 (10/97)