

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 427124

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90051 035 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1973

4. FEI Number

59-2264474

Applied For
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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VT	<input type="checkbox"/> DELETE
NAME	STANKIEWICZ, CY	
STREET ADDRESS	3804 46TH AVE S.	
CITY-ST-ZIP	ST PETERSBURG, FL 0	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STEVENS, ROBERT E	
STREET ADDRESS	9180 60 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 checked="" 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 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 registered agent 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/99

727 812 3008

CR2E034 (11/98)