

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

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

03-22-1999 90051 035 ***150.00

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.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
06/01/1973

4. FEI Number
59-2264474

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
 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

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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]* 03/17/99 727 812 3008
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)