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**Feb 03 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 698470**

**(2)**

1. Corporation Name  
**BILL'S OPTI CORP., INC.**



Principal Place of Business  
**112 ADDISON DR  
200 SOUTH NOVA ROAD  
ORMOND BEACH FL 32174  
US**

Mailing Address  
**112 ADDISON DR  
200 SOUTH NOVA ROAD  
ORMOND BEACH FL 32174-0451  
US**

3. Date Incorporated or Qualified **08/11/1981** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-2109178** Applied For  Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARR, WILLIAM J  
112 ADDISON DR  
ORMOND BEACH FL 32174**

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  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **PTD**  
NAME **BARR, WILLIAM J**  
STREET ADDRESS **112 ADDISON DR**  
CITY-ST-ZIP **ORMOND BEACH FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **SD**  
NAME **BARR, LOIS J**  
STREET ADDRESS **112 ADDISON DR**  
CITY-ST-ZIP **ORMOND BEACH FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  Change  Addition

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 receiver 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.

SIGNATURE: *William J Barr* - **WILLIAM J BARR** **JANUARY 27 1997** 904 697-0500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)