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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F36309

(5)

MICRO OPTICS OF FLORIDA, INC.

30309 (

FILED
Jan 22 1997 8:00am
Secretary of State



| | | | | | | | | DE CENTRE DE | |
|--|--|------------------------|---------------------|----------|---|--|--------------------------------|---------------------|---------------|
| Principal Place of Business Mailing Address | | | | | | | 41811 G1811 A1 | ,,, 61611 618 | it mente imm. |
| 181 W. PROSPECT RD. FT. LAUDERDALE FL 33309-5051 181 W. PROSPECT RD. FT. LAUDERDALE FL 33309-3923 | | | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 05/27/1981 | | e of Last 2/1996 | Report |
| 2. Principal P | lace of Business | 2a. Mailing Address | Mailing Address | | | 4. FEI Number | | | Applied For |
| 21 | | 26 | | | | 59-1687812 | Not Applicable | | |
| Suite, Apt | #, etc | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| 22 27 27 City & State 27 City & State 27 City & Sta | | | State | | | 6. Election Campaign Financing | | | |
| 23 | | 28 | , , | | | Trust Fund Contribution Added to Fees | | | |
| Zip | Country | Zip | Cou | intry | *************************************** | 8. This corporation has liability for | intangible ! | | |
| 24 | 25 | 29 | 30 | | | |] Yes [| | 0. 700772117 |
| | 9. Name and Address of Curren | t Registered Agent | | | | 10. Name and Address of New Re | gistered A | gent | |
| FOS | BENDER, MARK | | | 61 | Name | | | | |
| 3222 BEECHBERRY CIRCLE | | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptab | ile) | | |
| DAV | 1E FL 33328 | | | | 0 | Address (1.0. Box Hamber is Hot Acceptable) | | | |
| | | | | 83 | | | | | , |
| | | | | 84 | City | | | 85 Zip | Code |
| | | | | | · · | poration submits this statement for the ption's board of directors. I hereby acception | <u>FL</u> | | |
| 12. | Signature, typed or peniled name of regulered age OFFICERS AN | D DIRECTORS | TE Registere | d Ager | t signature requi | red when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE ERS AND | | |
| TITLE | PD | DELETE | | ILE | | | | Change | Addition |
| NAME | FOSBENDER, MARK | | 1.2 Na | AME | | | | | |
| STREET ADDRESS | 3222 BEECHBERRY CIRCLE | | 1.3 \$1 | FREET A | ADDRESS | | | | |
| CITY-ST-ZIP | DAVIE FL | DELETE 2.1 | | | - ZIP | | | -1 - | 1 4 100 |
| TITLE | VD | | | | | | | Change | Addition |
| NAME | CELESTINE, RICHARD | | 2.2 N/ | | | | | | |
| STREET ADDRESS | 8181 N.W. 13TH PLACE | | | | ADDRESS | • | | | |
| CITY-S1-ZIP | CORAL SPRINGS FL | Donett | | | I-ZIP | | | Chann | Addition |
| TITLE | CELESTINE, VICKI | L DELETE | 3170 | | ļ | | | i Change | |
| NAME DEPOSES | 8181 N.W. 13TH PLACE | | 3.2 N/ | | ADDRESS | | | | |
| STREET ADDRESS | CORAL SPRINGS FL | | | ITY-S | 1 | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.1 TI | | 1-217 | | | Change | Addition |
| NAME | | Bossell or other to be | 4 2 N | | | | | | |
| STREET ADDRESS | | | | - | ADDRESS | | | | |
| CITY - ST - ZIP | | | 1 | ITY-ST | 1 | | | | |
| TITLE | | DELETE | 5 1 Ti | | | | | Change | Addition |
| NAME | | | 5.2 N | | | | | | |
| STREET ADDRESS | | | | | address | | | | |
| CITY-ST-ZIP | | | | TY-51 | | | | | |
| TIFLE | | DELETE | 6.1 TI | | | | | Change | Addition |
| NAME | | | 6.2 N | AME | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-Z:P | 1 | | | ITY - ST | l | | | | |

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 chapted or in argust chiment with an address

SIGNATURE:

Mark Fosbender
TEO NAME OF SIGNING OFFICER OR DIRECTOR

14197 954-776-008

naeeaea