FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000003826 (4)**

1. Corporation Name
OPTIPLEX OF TEXAS, INC.

Principal Place of Business	Mailing Address
6500 N.W. 15TH AVE. FT. LAUDERDALE FL 33309	6500 N.W. 15TH AVE. FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified: **07/21/1994**
3a. Date of Last Report: **07/26/1995**

2. Principal Place of Business	21	2424 N. Federal Highway	
Suite, Apt. #, etc.	22	Suite 362	
City & State	23	Boca Raton, FL	
Zip	24	33431	
Country	25	U. S.	
2a. Mailing Address	26	2424 N. Federal Highway	
Suite, Apt. #, etc.	27	Suite 362	
City & State	28	Boca Raton FL	
Zip	29	33431	
Country	30	U. S.	

4. FEI Number: **65-0478241** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BURGER, ALAN M ESQ
9990 SW 77TH AVE., PH-5
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name	Kathryn Dillon
82 Street Address (P.O. Box Number is Not Acceptable)	2424 North Federal Highway
83	Suite 362
84 City	Boca Raton FL 85 Zip Code 33431

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: Kathryn Dillon — KATHRYN DILLON — 06/10/96
(Signature of Registered Agent) (Typed or Printed Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☐ Change ☒ Addition
TITLE	DC		1.1 TITLE	DC	
NAME	KAPLAN, JAN		1.2 NAME	James R. Cook	
STREET ADDRESS	6500 NW 15TH AVE., #100		1.3 STREET ADDRESS	2424 N. Federal Highway Suite 362	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		☐ DELETE	2.1 TITLE	DV	☐ Change ☒ Addition
NAME			2.2 NAME	Peter Molinaro, Jr.	
STREET ADDRESS			2.3 STREET ADDRESS	2424 N. Federal Highway Suite 362	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		☐ DELETE	3.1 TITLE	DV	☐ Change ☒ Addition
NAME			3.2 NAME	Vincent C. Manopoli	
STREET ADDRESS			3.3 STREET ADDRESS	2424 N. Federal Highway Suite 362	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME			4.2 NAME	J. Richard Damron, Jr.	
STREET ADDRESS			4.3 STREET ADDRESS	2424 N. Federal Highway Suite 362	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: J R Damron — **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** — 6/6/96 (Date) — (Daytime Phone #)