

DOCUMENT # F96000005300			
1. Entity Name OPTISYSTEMS, INC.			
Principal Place of Business 1100 FIFTH AVE. SOUTH, STE. 308 NAPLES FL 34102		Mailing Address 1100 FIFTH AVE. SOUTH, STE. 308 NAPLES FL 34102-6407	
2. Principal Place of Business Suite, Apt. #, etc. STE 404 City & State		3. Mailing Address Suite, Apt. #, etc. STE 404 City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
GARABED, JOSEPH 1100 FIFTH AVENUE SOUTH, STE. 308 NAPLES FL 34102			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta	
11. OFFICERS AND DIRECTORS			
TITLE	CPST	<input type="checkbox"/> Delete	12.
NAME	GARABED, JOSEPH		TITLE
STREET ADDRESS	1100 FIFTH AVE. SOUTH, STE. 308		NAME
CITY-ST-ZIP	NAPLES FL 34102		STREET ADDRESS
TITLE	CV	<input type="checkbox"/> Delete	CITY-ST-ZIP
NAME	PERLMAN, NOAH		TITLE
STREET ADDRESS	1100 FIFTH AVE. SOUTH, STE. 308		NAME
CITY-ST-ZIP	NAPLES FL 34102		STREET ADDRESS
TITLE		<input type="checkbox"/> Delete	CITY-ST-ZIP
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CITY-ST-ZIP			STREET ADDRESS
TITLE		<input type="checkbox"/> Delete	CITY-ST-ZIP
NAME			

03-21-2000 90056 031 ***150.00



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 65-0698984		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GARABED, JOSEPH 1100 FIFTH AVENUE SOUTH, STE. 308 NAPLES FL 34102				Name			
				Street Address (P.O. Box Number is Not Acceptable) STE 404			
				City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CPST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GARABED, JOSEPH		NAME				
STREET ADDRESS	1100 FIFTH AVE. SOUTH, STE. 308		STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP				
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NAME	PERLMAN, NOAH		NAME				
STREET ADDRESS	1100 FIFTH AVE. SOUTH, STE. 308		STREET ADDRESS				
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STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: _____				3-13-00			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			