

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

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Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001629 (1)

1. Corporation Name

ELECTRO-OPTICAL INDUSTRIES, INC.

Principal Place of Business

839 WARD DR.
SANTA BARBARA CA 93111

Mailing Address

839 WARD DR.
SANTA BARBARA CA 93111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 03/28/1997	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 95-2315607	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WINTERSTINE, LYNN
601-A HERNDON AVE.
ORLANDO FL 32803

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	MALCOLM, BRUCE W	1.2 NAME	GLEND A J. THARP
STREET ADDRESS	839 WARD DR.	1.3 STREET ADDRESS	839 WARD DRIVE,
CITY-ST-ZIP	SANTA BARBARA CA 93111	1.4 CITY-ST-ZIP	SANTA BARBARA, CA 93111
TITLE	SD	2.1 TITLE	
NAME	CALLAHAN, ROBERT M	2.2 NAME	
STREET ADDRESS	839 WARD DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93111	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	CARLSON, ROBERT F	3.2 NAME	
STREET ADDRESS	839 WARD DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93111	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:

Glenda J. Tharp

3-12-98

(805) 9670171

CP2034 (10/97)