

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90005 021 ***550.00

DOCUMENT # **F97000002315**
1. Corporation Name **CREATIVE OPTICS, INC.**

Principal Place of Business: 7332 EAST BUTHERUS DRIVE, SCOTTSDALE AZ 85260
Mailing Address: 7332 EAST BUTHERUS DRIVE, SCOTTSDALE AZ 85260

DO NOT WRITE IN THIS SPACE

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3. Date Incorporated or Qualified: **05/01/1997**
4. FEI Number: **86-0806230**
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 owes the current year Intangible Personal Property: Yes No **FILED 6/30/99**

2. Principal Place of Business: **7543 E. TIERRA BUENA LN. SAMO AS #2**
2a. Mailing Address: **SAMO AS #2**
22. Suite, Apt. #, etc.:
23. City & State: **SCOTTSDALE AZ**
24. Zip: **85260** 25. Country: **USA**
27. Suite, Apt. #, etc.:
28. City & State:
29. Zip: 30. Country:

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	CEOC <input checked="" type="checkbox"/> DELETE
NAME	GUNION, JACK V
STREET ADDRESS	7332 EAST BUTHERUS DRIVE
CITY-ST-ZIP	SCOTTSDALE AZ 85260
TITLE	COOP <input checked="" type="checkbox"/> DELETE
NAME	GRETHEL, FREDRIC J
STREET ADDRESS	7332 EAST BUTHERUS DRIVE
CITY-ST-ZIP	SCOTTSDALE AZ 85260
TITLE	CFOS <input type="checkbox"/> DELETE
NAME	SBLENDORIO, DOMINICK J
STREET ADDRESS	7332 EAST BUTHERUS DRIVE
CITY-ST-ZIP	SCOTTSDALE AZ 85260
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LENARD, MICHAEL B
STREET ADDRESS	10990 WILSHIRE BOULEVARD SUITE 1750
CITY-ST-ZIP	LOS ANGELES CA 90025
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ROQUE, RICHARD S
STREET ADDRESS	2402A GREAT EAGLE CENTRE, 23 HARBOR ROAD
CITY-ST-ZIP	WANCHAI, HONG KONG
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ESTRADA, FRANCIS G
STREET ADDRESS	2402A GREAT EAGLE CENTRE, 23 HARBOR ROAD
CITY-ST-ZIP	WANCHAI, HONG KONG

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CEO, PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAUL DIAZ ASPER
1.3 STREET ADDRESS	1407 CORAL WAY
1.4 CITY-ST-ZIP	MIAMI FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(l), 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: **D. S. BLENDORIO** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: **7/1/99** DAYTIME PHONE #: **480-951-7174**

CR2E034 (5/99)