Feb 27, 1999 8:00 am

Secretary of State

02-27-1999 90042 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000002827

OPTRON	VICS INTERNATIONAL CORF	POHATION							
Principal Plac	e of Business	Mailing Address	_				i ka lil bo lli ki		
21 ALPHA RD 21 ALPHA RD									
	ELMSFORD MA 01824 CHELMSFORD MA 01824								
						DO NOT WRITI	E IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
						05/30/1997			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	oplied For
21		26				04-3353518			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		აგ./ე Fee'R	Additional
22		27							
City & Stat	te	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Coun	uy		8. This corporation owes the current	nt year inta	ngible □Yes	□No
24	25	29	30			Personal Property Tax. 10. Name and Address of New Re	aistored A		
	9. Name and Address of Curren	t Registered Agent		B1 Nar	70	TO. Name and Address of New Ne	Mistered L	igent.	
CT (CORPORATION SYSTEM								
	SOUTH PINE ISLAND RD			32 Str	et Addre	ess (P.O. Box Number is Not Acceptab	le)]
	NTATION FL 33324		-						
FLA	WIATION 1 E 33324		ľ	B3					1
			į.	34 City	,			85 Zip	Code
							<u> </u>		
office or r	to the provisions of Sections 607.050; registered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Suich channe was a	ITHORIZACI	nv me c	ed corpo orporation	oration submits this statement for the p n's board of directors. I hereby accept	the appoin	tment as re	egistered
SIGNATURE							DATE		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	Registered A		ure required	when reinstating)	DATE	DIRECTO	DRS IN 12
SIGNATURE	OFFICERS AN	it and title if applicable. (NOTE	Registered A	gent signat	ure required	when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTO	DRS IN 12
SIGNATURE 12. TITLE	OFFICERS AN	nt and title if applicable. (NOTE	Registered A 13.	gent signat	ure required				
SIGNATURE 12. TITLE NAME	PCD FONG, TONY D	it and title if applicable. (NOTE	Registered A 13. 1.1 TIT: 1.2 NAM	gent signat E					
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CITY-ST-ZIP

CHECKS (CORD MA O 1824)

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, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

21 ALPHA