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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800001872 1. Corporation Name

OPTUOLOGIC COPP

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90070 013 ***150.00

ONTHOL	odic conf.								
Principal Place	e of Business	Mailing Address					#8161 UU 1811	(Bita tini tani	
1275 W. WASHI TEMPE AZ 8528	ngton street 1-1210	1275 W. WASHINGTON S TEMPE AZ 85281-1210	TREET			DO NOT WRITE IN THIS	2 SDACE		
						Date Incorporated or Qualifed 04/01/1998	7 OF AGE		
Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For	
24)		26				NOT APPLICABLE	No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional		
City & State		City & State				6. Election Campaign Financing	\$5.00	Mav Be	
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year In	tangible	_	
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525					Addres 3 Oc	SS (P.O. Box Number is Not Acceptable) SPINE IS I AND THE STATE OF TH	85 Zip (Code 3324	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with a section of fa	of Florida. Such change was ions of, Section 607.0505, F	authorize Iorida Stat	d by the corp	oration	ration submits this statement for the purpose o 's board of directors. I hereby accept the appo	f changing its	registered	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	OR\$ IN 12	
TITLE	Р	☐ DELETE	1.1 T	TLE			Change	Addition	
NAME	TROTTER, THOMAS R		1.2 N	AME					
STREET ADDRESS	ARTE ME MALACUMICATON OTDERT		1.3 S	TREET ADDRESS	Ì			Ĭ	
CITY-ST-ZIP	TEMPE AZ 85281-1210		1.4 0	ITY-ST-ZIP				[,	
TITLE	V	DELETE	2.1 T		Vice	Pres, Treas. it Sec.	☐ Change	12-Addition	
NAME	MAGEE, FRANK		2.2 N	AME.	Tec	ry Meier		İ	
STREET ADDRESS	AARE IN MILEUNIOTON OTDEET	Γ	2.3 \$	TREET ADDRESS	10	ry Meier 15 w washington St		1	
CITY-ST-ZIP	TEMPE AZ 85281-1210	•	2.40	CITY-ST-ZIP	Te	mpe Az 85281		İ	
TITLE	TS	☑ DELETE	31T	TLE			☐ Change	☐ Addition	
NAME	DUNAWAY, ALLEN R		3.2 N	AME					
STREET ADDRESS	AREA ME MEANINGTON ATREET	Γ	3.3 S	TREET ADDRESS	Ì			Ĭ	
CITY-ST-ZIP	TEMPE AZ 85281-1210		34.0	CITY-ST-ZIP					
TITLE	С	☐ DELETE	4.1 T	ITLE			Change	☐ Addition	
NAME	HOLLIMAN, JOHN III		4.21	IAME	Ì				
STREET ADDRESS	ALER N. COOTTOBALE COAD #	100	4.3 S	TREET ADDRESS	Ì			ì	
CITY-ST-ZIP	SCOTTSDALE AZ 85250		4.4 C	ITY-ST-ZIP					
TITLE	D	☐ DELETE	51T	ITLE			Change	Addition	
NAME:	FELDMAN, FREDERIC J		5.2 N	AME	ĺ	•			
STREET ADDRESS	1275 PACIFIC AVENUE		5.3 S	TREET ADDRESS	1				
CITY-ST-ZIP	LAGUNA BEACH CA 92651		5.4 0	ITY-ST-ZIP					
TITLE	D	☐ DELETE	6.1 T	ITLE			☐ Change	Addition	
NAME	HOWSE, ELWOOD D		6.2 N	AME					
STREET ADDRESS	ACCOUNTE ATLL OF HOOK		6.3 \$	TREET ADDRESS	1			}	
CITY, ST. ZIP	BELLEVUE WA 98004		6.4 C	ITY-ST-ZIP				1	

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 of on an attackment with an address, with all other like empowered.

SIGNATURE: