FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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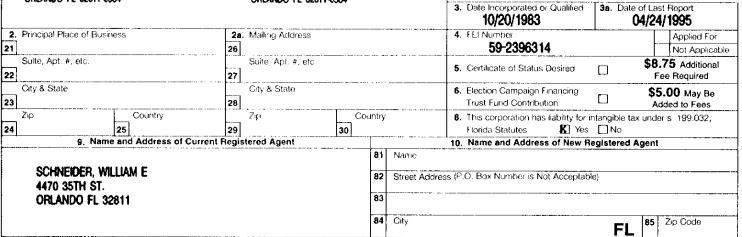
DOCUMENT #

OPTRONIC LABORATORIES, INC.

Principal Place of Business Mailing Address

C/O WILLIAM SCHNEIDER 4470 35TH ST. ORLANDO FL 32811-6504

C/O WILLIAM SCHNEIDER 4470 35TH ST. ORLANDO FL 32811-6504



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.

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NAME	SCHNEIDER, WILLIAM E.		1.2 NAME			-	
STREET ADDRESS	4470 35TH ST.		1.3 STREET ADDRESS				
CITY - ST - ZIP	ORLANDO FL		1.4 CITY - ST- ZIP				
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IAME	SCHNEIDER, WILLIAM A.		2.2 NAME				
STREET ADDRESS	4470 35TH ST.		2.3 STREET ADDRESS				
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'ITL€	٧	DELFTE	3 1 TITLE		Change	Addition	
AME	Bronson, Robert		3.2 NAME				
TREET ADDRESS	4470 35TH ST.		3.3 STREET ADDRESS				
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IAMÉ	Denomme, Stephen J.		4.2 NAME				
SZARDCA TBART	4470 35TH ST.		4.3 STREET ADDRESS				
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t ^T LF	VP	DELETE	5 1 TITLE	V	Change	Addition	
EAME .	RICHARD YOUNG		5 2 NAME				
TREET ADDRESS	4470 35TH ST.		5.3 STREET ADDRESS				
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LAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY OF THE							

14. Edo hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Soction 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this arrival report of supplemental annual report is true and accurate and trial my signature shall have the same legal effect as if made under oath; that I am an officer or director on the conformation 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 12 or Block or on an attachment with an address.

SIGNATURE:

VP of Finance JULIAN LINE OF SIGNING OFFICER OR DIRECTOR

4/19/96

(407) 422-3171

Oautinie Phone #