

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

FILED
Apr 08 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 # **G66974** (8)
1. Corporation Name
OPTRONIC LABORATORIES, INC.

Principal Place of Business C/O WILLIAM SCHNEIDER 4470 35TH ST. ORLANDO FL 32811-6504	Mailing Address C/O WILLIAM SCHNEIDER 4470 35TH ST. ORLANDO FL 32811-6504
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4632 36th St. Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 4632 36th St. Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified 10/20/1983	
4. FEI Number 59-2396314		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SCHNEIDER, WILLIAM E 4470 35TH ST. ORLANDO FL 32811		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4632 36th Street 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSM	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, WILLIAM E.	1.2 NAME	
STREET ADDRESS	4470 35TH ST.	1.3 STREET ADDRESS	4632 36th Street
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, WILLIAM A.	2.2 NAME	
STREET ADDRESS	4470 35TH ST.	2.3 STREET ADDRESS	4632 36th St.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRONSON, ROBERT	3.2 NAME	
STREET ADDRESS	4470 35TH ST.	3.3 STREET ADDRESS	4632 36th St.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENOMME, STEPHEN J.	4.2 NAME	
STREET ADDRESS	4470 35TH ST.	4.3 STREET ADDRESS	4632 36th St.
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD YOUNG	5.2 NAME	
STREET ADDRESS	4470 35TH ST.	5.3 STREET ADDRESS	4632 36th St.
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 executor 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 in an attachment with an address

Stephen J. Denomme

SIGNATURE: _____

4/3/98

407-422-2171

CR2E034 (10/97)