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

FILED **PROFIT** Feb 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H87432 (1)OPTICAL POLYMER RESEARCH, INC. Principal Place of Business Mailing Address 5921 N.E. 38TH STREET 5921 N.E. 38TH STREET GAINESVILLE FL 32609 GAINESVILLE FL 32609 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/02/1985 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 59-2612639 Not Applicable Suite, Apt. #, etc. Suite Ant. # etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHUMAN, PAUL D. RT 3 BOX 57R Street Address (P.O. Box Number is Not Acceptable) 82 **HAWTHORNE FL 32640** 83 City Zip Code 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 11 TITLE Change Addition SCHUMAN, PAUL D. NAME 1.2 NAME **RT 3 BOX 57R** STREET ADDRESS 1.3 STREET ADDRESS HOWTHORNE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Addition RAY, JORDAN B. NAME 2.2 NAME 824 NE BLVD STREET ADDRESS 2.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 T(T) F Addition NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ___ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 City-St-ZIP DELETE TITLE 5 1 TITLE Change Addition NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS

14. Thereby 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 suppliemental annual report is an 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 purpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

61 TITLE

6.2 NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

DELETE

February 6, 1998

☐ Change

Addition