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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDACH ARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K19270 1. Corporation Name

	ANS OPTICAL, INC						
Principal Place	•	Mailing Address					
% DR. S. KULV 5820 S.W. 118		% DR. S. KULVIN 5820 S.W. 118 ST.					
CORAL GABLES FL 33156 CORAL GABLES FL 33156					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed 03/28/1988		1
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21		26			65-0039018		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Ü		5. Certificate of Status Desired	\$8.75 A Fee Rec	I
City & State	e	City & State			6. Election Campaign Financing	\$5.00 (May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	<u></u>	
24	25	29 3	30		Personal Property Tax.		□No
	9. Name and Address of Current	nt Registered Agent			10. Name and Address of New Registe	red Agent	
	VAN M.D. CTEDUEN M		81 1	Name	d.		
	VIN, M.D., STEPHEN M D S.W. 118 ST.	2	82 5	Street Addre	ess (P.O. Box Number is Not Acceptable)	n wood and a second with the first district.	to a very to post
COP	RAL GABLES FL 33156		83		文字是《安全》	·信息的 (4)	
			84 (City	5-1-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	85 Zip C	ode
				•		<u>-L </u>	-10
office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations are secured to the college the college that the secure control of the college that the	ot Florida. Such channe was all	monzea ov me	named corpo e corporatio	oration submits this statement for the purposin's board of directors. I hereby accept the a	e of changing its i ppointment as reg	pistered
SIGNATURE	Signature, typed or printed name of registered age	A Sing if another the (NOTE: I	Registered Agent sig	anature required	(when reinstating)* DAT	<u> </u>	
12.	OFFICERS A	ent and title it applicable. (140 tz.)	registered agent an	Britaine redemes	2,13.		
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14. I hereby certify that the information supplied with this filling 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 trostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED

Feb 09, 1999 8:00am

Secretary of State

02-09-1999 90002 038 ***150.00