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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # LETA

101

THE OP	TICAL CONNECTION INC.	Mailing Address			
2773 NW 63RD TERRACE CORAL SPRINGS FL 33065 US		2773 NW B3RD TERRACE CORAL SPRINGS FL 33065-5331 US			
,		00	1	3, Date Incorporated or Qualified 3a, Date of Last Report	
• Delegated for	lace of Business	2a. Mailing Address		03/09/1990 04/12/1996 4. FEI Number DApplied For	
z, rinciparri I	lace of Diffauces	26. Maning Address		4. FEI Number Applied For S9-2996636 Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional	
2		27		Fee Required	
— City & Stat∈ ⊓	9	City & State	•	6. Election Campaign Financing \$5.00 May Be	
7 ₁ p	Country	28	Country	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,	
il '	25	29	30	Florida Statutes	
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent	
	EHAN, JANET		81 Nar	m a	
	3 NW 83RD TERRACE IAL SPRINGS FL 33085		82 Stre	et Address (P.O. Box Number is Not Acceptable)	
CON	VAL STAINUS FL 33003		83		
			84 City	85 Zip Code	
				ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or pented name of registered ag OFFICERS AN	enl and title if applicable (NO	TE: Registered Agent sign	alure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TLF	P ANGE	L_] DELETE	1.1 TITLE	Change Addition	
IRLET ADDRESS	SHEEHAN, JANET 2773 NW 83RD TERRACE		1.2 NAME 1.3 STREET ADDRE	22	
1*Y+\$1+ZE	CORAL SPRINGS FL 33065		1.4 CITY - ST - ZIP	33	
IftE		DELETE	2.1 TITLE	Change Addition	
YWE			2.2 NAME		
PREET ADDRESS			2.3 STREET ADDRE	25	
ΠY÷SI÷ZI# iIt€		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Change Addition	
SME			3.2 NAME		
TREET ADDRESS			3.3 STREET ADDRE	28	
oty-St-ZiP			3.4. CITY-ST-ZIP		
ITLE		☐ DELETE	4.1 TITLE	Change Addition	
JAME JAELT ADORESS			4. 2 NAME 4.3 STREET ADDRE	22	
31Y - S1 - 2)P			4.4 CITY - ST - ZIP		
IILE	**************************************	DELETE	5.1 TITLE	: Change Addition	
TAME			5.2 NAME		
STREET ADORESS			5.3 STHEET ADDRE		
IIY-ST-ZIF FLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition	
IAME		*	62 NAME		
TREET ADDRESS			6.3 STREET ADDRE	ss	
DITY - \$1 - Zier	· · · · · · · · · · · · · · · · · · ·		6.4 CITY-ST-ZIP		
informatio	in indicated on this annual report or	supplemental annual report is	true and accurate	on stated in Section 119.07(3)(i), Florida Statutes. I further certify that the and that my signature shall have the same legal effect as if made under oath; tha	
Lam an ol		or the receiver or trustee empor	wered to execute the	nis report as required by Chapter 607, Florida Statutes; and that my name	
аруччана п	I product a di bidon lo il Ghanged, t	or an anaomnent minjan ao	1	111. 11/0-10- 954-	
SIGNAT	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<i> </i>	LACKA A L. MINAMMI GALLANA	