

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 9:31

DOCUMENT # **M34618** (2)

1. Corporation Name
OPTI-SHIELD, INC.

Principal Place of Business Mailing Address
**830 NE 37TH ST
OAKLAND PARK FL 33334
US** **P. O. BOX 70340
FT LAUDERDALE FL 33307
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/02/1986** 3a. Date of Last Report **02/24/1994**

2. Principal Place of Business 2a. Mailing Address
21 **3680 INVESTMENT LAKE** 25 **P.O. BOX 10864**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **UNIT #8** 27
City & State City & State
23 **RIVIERA BEACH, FL** 28 **RIVIERA BEACH, FL**
Zip Country Zip Country
24 **33404** 25 **USA** 29 **33419** 30 **USA**

4. FEI Number **59-2710609** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**OLSEN, MARK C. ESQ.
315 NE 3RD AVE., STE. 200
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	FRIZZELL, HERBERT L JR
STREET ADDRESS	903 SW 10TH DR
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	T
NAME	FRIZZELL, HERBERT L JR
STREET ADDRESS	903 SW 10TH DR
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRIZZELL, HERBERT L. JR.
1.3 STREET ADDRESS	1500 N. CONGRESS AVE #B-5
1.4 CITY - ST - ZIP	W. PALM BEACH, FL 33401
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1500 N. CONGRESS AVE #B-5
2.4 CITY - ST - ZIP	W. PALM BEACH, FL 33401
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 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 on an attachment, with an address.

SIGNATURE: Herbert L. Frizzell Jr. **HERBERT L. FRIZZELL JR.** 1/29/95 407-796-6225
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date (Month Year)