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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(0)

Corporation OPTI-S	SHIELD, INC. of Business	Mailing Addre							
UNIT #8	TMENT LANE		P.O. BOX 10864 RIVIERA BEACH FL 33419						
RIVIERA BEI US	ACH FL 33404	US				3. Date Incorporated or Qualified 07/02/1986	3a. Date	02/03/18	eoori
Principal Plac	ce of Business	2a. Mailing Ad	rlress			4. FFI Number	<u>L</u>		Applied For
The special reco		26	— ₁			59-2710609 Not Applicable			
Suite, Apt. #	, etc.	Suite, Apt.	Suite. Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State		City & Stat	City & State			6. Election Campaign Financing		\$5.0	May Be
		28				Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	├ -1	ountry	f	8. This corporation has liability fo		ax under s	199.032,
	25 9. Name and Address of Curr	29 29 Ager	30			Florida Statutes Ye 10. Name and Address of New		Acent	
	3. 14410 414 1141000 01 0411	on noglacored rigor		81	Name	10. 110.110 01.0 110.1		7190111	
OLSEN, MARK C. ESQ.					Street Ad	dress (P.O. Box Number is Not Accepta	ıbie)		
315 NE 3RD AVE., STE. 200 FT. LAUDERDALE FL 33301				20	ļ				
F1. LAC	DUENDALE PL 33301			83					
				84	City		FL	85 Zı	p Code
GNATURE	Signature, typed or printed name, of registered a. OFFICERS A	unit and tille if applicable	(NOTE Registe		nt signature requ	ired wher revistaling! ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIBECTO	DRS IN 12
	PDS			1 TITLE		7.65(1.67(6.67), 1.11(6.16)	····· —	☐ Change	☐ Addition
1 E	FRIZZELL, HERBERT L. J		1:	2 NAME					
EET ADDRESS	1500 N. CONGRESS AVE	: #B-5	1.	3 STREE	T ADDRESS				
- \$1 - 7(P)	WEST PALM BEACH FL			4 CITY -					
F	FRIZZELL, HERBERT L. J			1 TITLE				☐ Change	Addition
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F			DELETE 4	1 TITLE				☐ Change	☐ Addition
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SIGNATURE:

STREET ADDRESS.

CHY S1-7:P

WEBERT L. FRIZZEU JR. 1/25/96 407-845-9427

63 STREET ADDRESS 6 4 CITY - ST - ZIP

14. Lid 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 this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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.