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

Mailing Address

CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400034936 (2)

CRYSTAL CLEAR OPTICAL, INC.

5443 SPRING HILL DRIVE 5443 SPRING HILL DRIVE SPRING HILL FL 34808 **SPRING HILL FL 34806-4563** 3. Date Incorporated or Qualified 3a. Date of Last Report 05/03/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3239727 Not Applicable 26 Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & Stato \$5.00 May Be 6. Election Campaign Financing 28 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No Florida Statutos 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RUSIN, CARY J 5443 SPRING HILL DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 34606 83 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 Signature, typed or printed name of registered agent and title if applicable (NOT): Registered Agent signature required when reinstating) (96/6)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE 1.111111 TITLE RUSIN, CARY J 1.2 NAME NAME 2067 BREEZY WAY 1.3 STREET ADDRESS STREET ADDRESS SPRING HILL FL 34608 1.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 T/TLE TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3 4. CITY-S1-ZIP Change Addition DELETE TITLE 4 1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-7IP DELETE ■ Addition 51 TITLE TITLE 5.2 NAME NAME 5/3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 THEE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

11/12/67

14. I do hereby certify that the information supplied with this filing does not quality 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 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.

FILED May 05 1997 8:00am Secretary of State

