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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000062048 (1) **DOCUMENT #** 

Corporation Name

PROFILE OPTICS, INC.

Mailing Address Principal Place of Elusiness 2711 PARK WINDSOR DRIVE 2711 PARK WINDSOR DRIVE FT. MYERS FL 33901 FT. MYERS FL 33901 3. Date Incorporated or Qualified 08/23/1994 3a. Date of Last Report 05/31/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-05 19904 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Zip Country Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HOERBELT, RICHARD W Street Address (P.O. Box Number is Not Acceptable) 82 2711 PARK WINDSOR DRIVE FT MYERS FL 33901 83 Zin Code A4 City 85 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 o', Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if any licable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 □ DELETE Change Addition 1 1 TITLE THEF HOERBELT, RICHARD H 1.2 NAME NAMÉ 806 BANNOCKBURN AVE. 1.3 STREET ADDRESS STHEE! ACCURESS **TEMPLE TERRACE FL 33617** 1.4 CITY-ST-ZIP CHY-ST-7IP Addition ☐ Change DELETE 2 1 TITLE TII.€ 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS 24 CITY-ST-ZIP COLY-ST-20 Addition DELETE THLE 3 1 TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY-ST-ZIP CITY - S\* - 7iP Change Addition DELETE 4.1 TITLE THUE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY - ST - ZIP CITY-ST-ZIF ☐ Change Addition DELETE 5 1 TITLE TILLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CHY-SEZP DELETE Change ■ Addition 6 1 TITLE Tiller 6.2 NAME NAME

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 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 enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or changes, or on an attachment with an address.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREE! ADDRESS

OR DIRECTOR

(12/95) CR2E034