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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 23 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400062048 (1)

PROFILE OPTICS, INC.

NAME

STREET ADDRESS

appears in Block 12 or Block

SIGNATURE:

CITY-ST-ZIP

Principal Place of Business Mailing Address 2711 PARK WINDSOR DRIVE 2711 PARK WINDSOR DRIVE FT. MYERS FL 33901-8316 FT. MYERS FL 33901 3a. Date of Last Report 3. Date Incorporated or Qualified 08/23/1994 02/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0519904 21 26 Not Applicable Suite Apt #, etc Suite, Apt. #, etc \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Ζıρ 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 30 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HOERBELT, RICHARD W 2711 PARK WINDSOR DRIVE Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33901 83 84 Zip Code 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 of, Section 607.0505, Florida Statutes. SIGNATURE Signaria: Syprid or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) (96/6) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change DELETE Addition THE 1.1 TITLE HOERBELT, RICHARD H NAME 1.2 NAME 806 BANNOCKBURN AVE. 1.3 STREET ADDRESS STREET ADDRESS TEMPLE TERRACE FL 33617 1.4 CITY-ST-ZIP CITY - ST - ZIF DELETE ■ Addition III: F 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TOTALE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-51-ZIF DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST- ZIP CITY-ST ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DITY-ST-7IP DELETE Change Addition TITLE 6.1 TITLE

> 6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

THE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

THE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR