

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90179 043 ***150.00

DOCUMENT # P94000077641

1. Corporation Name
ARGUS PHOTONICS GROUP, INC.

Principal Place of Business

759 PARKWAY ST
SUITE 102
JUPITER FL 33477
US

Mailing Address

759 PARKWAY ST
SUITE 102
JUPITER FL 33477
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1994

4. FEI Number

65-0539025

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

9. Name and Address of Current Registered Agent

PUCI, THOMAS
%LITE JET INC
759 PARKWAY ST, 102
JUPITER FL 33477

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VP** ☐ DELETE
NAME **DICKENSON, KEVIN**
STREET ADDRESS **1209 MAINSAIL CIRCLE**
CITY-ST-ZIP **JUPITER FL**

TITLE **VP** ☐ DELETE
NAME **MURRAY, MICHAEL**
STREET ADDRESS **4171 SW EGRET POND TERRACE**
CITY-ST-ZIP **PALM CITY FL**

TITLE **P** ☐ DELETE
NAME **PUCI, THOMAS F.**
STREET ADDRESS **495 SOUTH BEACH ROAD**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **D** ☐ DELETE
NAME **DEUTCH, ANDREW**
STREET ADDRESS **58 4TH STREET**
CITY-ST-ZIP **PARK RIDGE NJ 07656**

TITLE **D** ☐ DELETE
NAME **HILLEBRECHT, ROBERT**
STREET ADDRESS **1 HATHWAY LANE**
CITY-ST-ZIP **WHITE PLAINS NY 10605**

TITLE **S** ☐ DELETE
NAME **DOYLER, DOROTHY E**
STREET ADDRESS **416 BROKENWOOD LANE S**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dorothy Doyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99
Date

361-748-8151
Daytime Phone #

CR2E034 (11/98)

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