FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000012343 (6)**

1. Corporation Name
DIVERSIFIED OPTICS, INC.

Principal Place of Business
1759 WEST BROADWAY
SUITE 8
OVIEDO FL 32765

Mailing Address
1759 WEST BROADWAY
SUITE 8
OVIEDO FL 32765

3. Date Incorporated or Qualified: 02/10/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 162 E. BROADWAY ST
22 Suite, Apt. #, etc.
23 City & State: OVIEDO, FL
24 Zip: 32765
25 Country: U.S.A.

2a. Mailing Address
26 162 E. Broadway ST.
27 Suite, Apt. #, etc.
28 City & State: OVIEDO, FL
29 Zip: 32765
30 Country: U.S.A.

4. FEI Number: 59-3300546 — 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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
KIPI, JEFFREY T
1759 W. BROADWAY
SUITE 8
OVIEDO FL 32765

10. Name and Address of New Registered Agent
81 Name: N/A
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HOWELL, CALVIN	
STREET ADDRESS	2753 RUNNING SPRINGS LOOP	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	☐ DELETE
NAME	CURTIS KELLY	
STREET ADDRESS	1848 TRISTAN DR.	
CITY-ST-ZIP	SMYRNA, GA 30080	
TITLE	D	☐ DELETE
NAME	HENRY SCHUMER	
STREET ADDRESS	7513 JEREZ COURT #A	
CITY-ST-ZIP	CARLSBAD, CA 92009	
TITLE	D	☐ DELETE
NAME	ROBERT FEHER	
STREET ADDRESS	627 MARTIN LANE	
CITY-ST-ZIP	DEERFIELD, IL 60015	
TITLE	D	☐ DELETE
NAME	WILLIAM LEWIS	
STREET ADDRESS	457 RIVERCREEK CT.	
CITY-ST-ZIP	CHULA VISTA, CA 91914	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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.

SIGNATURE: Calvin Howell CALVIN HOWELL 2-5-96 407-365-2505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #