

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

162 E BROADWAY STREET
SUITE 8
OVIEDO FL 32765
US

162 E BROADWAY STREET
SUITE 8
OVIEDO FL 32765
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1995

4. FEI Number

59-3300546

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 95 GENEVA DRIVE

Suite, Apt. #, etc.

22

City & State

23 OVIEDO FL

Zip

Country

24 32765

25

2a. Mailing Address

26 95 GENEVA DRIVE

Suite, Apt. #, etc.

27

City & State

28 OVIEDO, FL

Zip

Country

29 32765

30

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

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 type for printed name of registered agent and if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HOWELL, CALVIN
STREET ADDRESS 2753 RUNNING SPRINGS LOOP
CITY-ST-ZIP OVIEDO FL 32765

☐ DELETE

TITLE D
NAME KELLY, CURTIS
STREET ADDRESS 1848 TRISTAN DRIVE
CITY-ST-ZIP SMYRNA GA

☒ DELETE

TITLE D
NAME SCHUMER, HENRY
STREET ADDRESS 7513 JEREZ COURT A
CITY-ST-ZIP CARLSBAD CA

☒ DELETE

TITLE D
NAME FEHER, ROBERT
STREET ADDRESS 627 MARTIN LANE
CITY-ST-ZIP DEERFIELD IL

☒ DELETE

TITLE D
NAME LEWIS, WILLIAM
STREET ADDRESS 457 RIVERCREEK COURT
CITY-ST-ZIP CHULA VISTA CA

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 on an attachment with an address.

CR2E034 (10/97)