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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000046373 (3)

CRYSTAL PHOTONICS, INC.

Principal Place of Business Mailing Address

## **FILED** May 19 1997 8:00am Secretary of State



2015 WESTMINSTER TERR OVIEDO FL 32785			2615 WESTMINSTER TERR OVIEDO FL 32765-8334								
							3. Date Incorporated or Qualified 06/06/1995	3a. Date of 09/04/1		eport	
2. Principal Place of Business			28. Mailing Address				4. FEI Number		Αŗ	plied For	
21			26				59-3325347		No	t Applicable	
Suite, Apt. #, etc.			Suite, Apt #, etc.				5. Certificate of Status Desired \$8.75 Additional				
22			27				5. Certificate of Status Desired		Fee Re	quired	
City & State			City & State				6. Election Campaign Financing	\$	5.00	May Be	
23			28				Trust Fund Contribution		Added 1	o Fees	
Zip	Country		Zip	Zip Cour			This corporation has liability for intangible tax under s. 199.032,				
24	25				<b>.</b>	Florida Statules Yes No					
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
CHAI, BRUCE H T.						Name					
	WESTMINSTER TERF	R	82 Street Add			Street Ad	dress (P.O. Box Number is Not Acceptab	le)			
OVIE	DO FL 32765				83						
					"						
					84	City		FL 85	Zip (	Code	
11 Purcusal t	to the provisions of Soction	one 607 0502 and	d 607 1508 Florida State	itos the al	bave	named co	prporation submits this statement for the p		naina it	s registered	
office or re	egistered agent, or both -	in the State of He	orida. Such change was	-authorize	d by	the corpor	ration's board of directors. I hereby accep	t the appointm	nent as	registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutos.											
SIGNATURE	Signature, typed or printed harne of	of regularization and	tille if anologable (NC	M. Bonislore	d Aper	el signature rec	guired when reinstating)	DATE	,, .		
12.		FICERS AND DIF		13.	c. rajer	Togreto e rec	ADDITIONS/CHANGES TO OFFIC		ECTOR	S IN 12	
TITLE	D		☐ DELETE	1170	TLF	·· ·· T			Change	Addition	
NAME	CHAI, BRUCE H T.			1.2 N	AME						
STREET ADDRESS	2615 WESTMINSTER	r Terr		1351	TREET :	ADDRESS					
CITY-ST-ZIP	OVIEDO FL 32765			14 C	ITY-S1	1 - <b>Z</b> IP					
TITLE	<u> </u>		DELETE	21 TI					Change	Addition	
NAME				22 N	AME						
STREET ADDRESS				2351	IREET.	ADDRESS					
CITY-ST-ZIP				2.40	: 1Y-S	1 - ZIP					
TIFLE			DELETE	3 1 11	1LF				Change	Addition	
NAME				3.2 N	AME						
STREET ADDRESS				3.3 S1	TREET	ADDRESS					
City-St-ZIP				3 4. C	ЛY-S	T-ZIP					
TITLE		and the second s	☐ DELETE	4.1 TI	TLE				Change	Addition	
NAME				4 2 N	IAME	1					
STREET ADDRESS				4 3 ST	TREF1.	ADDRESS					
CITY-ST-ZIP				4.4 CI	11Y-S1	1 - ZIP					
TITLE			☐ DELETE	5 1 TI	TLE			, [] (	Change	Addition	
NAME				52 N	AME						
STREET ADDRESS				535	TREFT.	ADDRESS					
CITY-ST-ZIP				54 CI	IIY- S1	1 · ZIP					
TITLE		-	DELETE	6 1 TI	ILE	T			Change	Addition	
NAME				62 N	AME						
STREET ADDRESS				6.3 S	TREET.	ADORESS					
CITY-ST-ZIP				6.4 CI	ITY- \$1	T-ZIP					
	ov gertify that the informa	tion supplied with	n this filing does not qua				ed in Section 119.07(3)(i), Florida Statutes	s. I further cert	ify 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.