SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

APPROVED AND FILED
1996 AUG 15 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000049769 (9)

1. Corporation Name

OPTICAL APPLICATIONS INTERNATIONAL, INC.

Principal Place of Business
3333 MEADOWHILL DRIVE
TALLAHASSEE FL 32308

Mailing Address
3333 MEADOWHILL DRIVE
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified: 07/01/1995
3a. Date of Last Report:

2. Principal Place of Business
21 3333 Meadowhill Drive
Suite, Apt. #, etc.
22
City & State
23 Tallahassee, Fl
Zip
24 32308
Country
25 Leon

2a. Mailing Address
26 1400 Village Square Blvd.
Suite, Apt. #, etc.
27 Suite 3-227
City & State
28 Tallahassee Fl
Zip
29 32312
Country
30 Leon

4. FEI Number: 59-3350701 ☐ 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

VEISZ, JOSEPH F
3333 MEADOWHILL DRIVE
TALLAHASSEE FL 32308

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 __________ DATE __________

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Robert L. Grosh	
STREET ADDRESS	3242 Thames Drive	
CITY-ST-ZIP	Tallahassee, Fl 32308	
TITLE	Vice-President	☐ DELETE
NAME	George McIntosh	
STREET ADDRESS	6912 Tony Lee Trail	
CITY-ST-ZIP	Tallahassee, Fl 32309	
TITLE	Treasurer	☐ DELETE
NAME	Joseph F. Veisz	
STREET ADDRESS	3333 Meadow Hill Drive	
CITY-ST-ZIP	Tallahassee, Fl 32308	
TITLE	Secretary	☒ DELETE
NAME	Craig A. Neeld	
STREET ADDRESS	105 Stoneacre Curve	
CITY-ST-ZIP	Peachtree City, GA 30269	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: __________ 8-15-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)