

**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 # **P95000067652 (4)**

1. Corporation Name  
**THE OPTIMIZER CORPORATION**



Principal Place of Business: **3111 STIRLING ROAD FT. LAUDERDALE FL 33312**  
Mailing Address: **3111 STIRLING ROAD FT. LAUDERDALE FL 33312**

3. Date Incorporated or Qualified: **08/31/1995**  
3a. Date of Last Report

2. Principal Place of Business: **21 3505 S. Ocean Dr. #721 Hollywood, FL 33019 Broward**  
22. Suite, Apt. #, etc.: **#721**  
23. City & State: **Hollywood, FL**  
24. Zip: **33019**  
25. Country: **Broward**  
26. Mailing Address: **26 3505 S. Ocean Dr. #721 Hollywood, FL 33019 Broward**  
27. Suite, Apt. #, etc.: **#721**  
28. City & State: **Hollywood, FL**  
29. Zip: **33019**  
30. Country: **Broward**

4. FEI Number  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  
**BREIT, RICHARD H  
3111 STIRLING ROAD  
FT. LAUDERDALE FL 33312**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>HAUK, FRAUKE</b>	
STREET ADDRESS	<b>AM KRANKENHAUS 5</b>	
CITY - ST - ZIP	<b>26427 ESENS GERMANY</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>Hauk Frauke</b>		
1.3 STREET ADDRESS	<b>3505 S. Ocean Dr. #721</b>		
1.4 CITY - ST - ZIP	<b>Hollywood, FL 33019</b>		
2.1 TITLE	<b>Vice President</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>Bernhard A. Loudenbach</b>		
2.3 STREET ADDRESS	<b>3505 S. Ocean Dr. #721</b>		
2.4 CITY - ST - ZIP	<b>Hollywood, FL 33019</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **x** \_\_\_\_\_ Date: **954-927-7536**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)