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FILED
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90005 007 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600009171

1. Corporation Name

OPACUS LIMITED INC

Principal Place of Business

Mailing Address

8752 FT JACKERSON BLVD
ORLANDO
FL 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 AS ABOVE

26 AS ABOVE

593356775 ✓

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 City & State

28 City & State

24 Zip Country

29 Zip Country

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

25 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NO CHANGE

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VICE PRESIDENT ☒ DELETE
NAME MILEY GARDEE
STREET ADDRESS ORLANDO FL

1.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
1.2 NAME MOHAMED VAID
1.3 STREET ADDRESS 116 N. RIVER DR
1.4 CITY-ST-ZIP WEST JUPITER FL 33454

TITLE PRESIDENT ☐ DELETE
NAME ZOHRA HANAFEE
STREET ADDRESS 8752 FT JACKERSON BLVD
CITY-ST-ZIP ORLANDO FL 32822

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TREASURER ☐ DELETE
NAME A. CADER HANAFEE
STREET ADDRESS 8752 FT JACKERSON BLVD
CITY-ST-ZIP ORLANDO FL 32822

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Zohra Hanafee (Z. HANAFEE)

4-26-99

1407 277 2930

Date

Daytime Phone #

CR2E034 (11/98)