

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

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # P96000027492 (3)

1. Corporation Name
OPTIMAL SOLUTIONS, INC.

Principal Place of Business
2308 SOUTH CAROLINA AVENUE
TAMPA FL 33629

Mailing Address
2308 SOUTH CAROLINA AVENUE
TAMPA FL 33629-6229

3. Date Incorporated or Qualified 03/27/1996	3a. Date of Last Report
4. FEI Number 59-3368590	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 107 MARINA DEL REY	26. 47 BUFFALO CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. City & State	27. City & State
23. CLEARWATER, FL	28. PACIFICA, CA
Zip	Zip
24. 34615	29. 94044
Country	Country
25.	30.

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	PD
STREET ADDRESS	BENJAMIN, DAVID M	1.2 NAME	BENJAMIN, DAVID M
CITY-ST-ZIP	2308 SOUTH CAROLINA AVENUE	1.3 STREET ADDRESS	385 OYSTER PT BLVD #127
	TAMPA FL 33629	1.4 CITY-ST-ZIP	SO. SAN FRANCISCO CA 94080
TITLE	NAME	2.1 TITLE	STD
STREET ADDRESS	BENJAMIN, KATHY S	2.2 NAME	BENJAMIN, DAVID M
CITY-ST-ZIP	2308 SOUTH CAROLINA AVENUE	2.3 STREET ADDRESS	385 OYSTER PT BLVD #127
	TAMPA FL 33629	2.4 CITY-ST-ZIP	SO. SAN FRANCISCO, CA 94080
TITLE	NAME	3.1 TITLE	
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do 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 no appointment with an address.

SIGNATURE _____

CR2E034 (9/96)