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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS 1

## DOCUMENT # P9600030479

1. Corporation Name

## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90027 017 \*\*\*150.00

OPTIMAL TECHNOLOGIES, INC.									
Principal Place	e of Business	Mailing Address				-		811 18819 (BI) 1961	
•		536 WATERSCAPE WAY							
536 WATERSCAPE WAY ORLANDO FL 32828 ORLANDO FL 32828 ORLANDO FL 32828									
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						04/08/1996		<del></del>	
2. Principal P	lace of Business	2a. Mailing Address			en en en en en en en	4. FEI Number		Applied For	
<u> </u>		26				59-3371920		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	•	Additional Required	
City & State		City & State			<del></del> .				
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
23   Zip	Country	Zip	Cou	intry		8. This corporation owes the current year in			1
<b>一</b> ·	25	<u> </u>	30	,		Personal Property Tax.	Yes	□No	
24	9. Name and Address of Current					10. Name and Address of New Registered	Agent		1
	or manie and manie and an earlier	, togicus		81	Name				1
BAN	ta, david		٠, · · ·			(D.O. D	<del>.</del>		
536	WATERSCAPE WAY			82	Street Addre	ss (P.O. Box Number is Not Acceptable) **	. * *		
ORL	ANDO FL 32828			83					1
				Ш			1		
				84	City	FL	85  Z	p Code	
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Flor	ida Stati	oby thutes.	e corporation	ration submits this statement for the purpose of is board of directors. I hereby accept the appointment of the purpose of its board of directors. I hereby accept the appointment of the purpose of its board of directors.	intment as	registered	
	Signature, typed or printed name of registered agent		Registered	i Agent s	ignature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12	ő
12.	OFFICERS AND	DELETE DELETE	1.1 TI	TIE		ADDITIONS/CHANGES TO GIT ICENS A	☐ Chang		14
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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: (

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