

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

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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000072142 (8)

1. Corporation Name
ARGUS PHOTONICS GROUP, INC.



Principal Place of Business
4400 PGA BOULEVARD
SUITE 302
PALM BEACH FL 33410

Mailing Address
4400 PGA BOULEVARD
SUITE 302
PALM BEACH FL 33410-6556

3. Date Incorporated or Qualified 08/29/1996
3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 759 PARKWAY STREET		26 759 PARKWAY STREET		APPLIED FOR		Not Applicable	
Suite Apt. #, etc.		Suite Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22 Suite #102		27 Suite #102		<input type="checkbox"/>		<input type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
23 JUPITER FL		28 JUPITER FL		<input type="checkbox"/>		<input type="checkbox"/>	
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 33477		29 33477		Country		Country	
25 USA		30 USA					

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name THOMAS F. Pucci
82 Street Address (P.O. Box Number is Not Acceptable) ARGUS PHOTONICS GROUP
83 759 PARKWAY ST #102
84 City JUPITER FL 85 Zip Code 33477

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 THOMAS F. Pucci THOMAS F. Pucci
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE 4/25/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUCCI, THOMAS F	1.2 NAME	
STREET ADDRESS	485 SOUTH BEACH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455	1.4 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHY E. DOYLE	2.2 NAME	
STREET ADDRESS	416 GRACELAND LANE S.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 334	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 an attachment with an address

SIGNATURE: THOMAS F. Pucci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE 4/25/97 DAYTIME PHONE # 321-748-807

CR2E034 (9/96)