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

DOCUMENT # P96000085567 (1)

BIOPTICS INTERNATIONAL, INC.

Principal	Place of Business

Mailing Address

FILED May 07 1997 8:00am Secretary of State



2200 TALL PINES BLVD STE 106 LARGO FL 34641		2200 TALL PINES BLVD STE 106 LARGO FL 34641					
						3. Date Incorporated or Qualified 10/14/1996	3a. Date of Last Report
2. Principal Place o	of Business	2a. Mailing Addr	ess			4. FEI Number	Applied For
21		26				59-341995	Not Applicable
Suite, Apt #, etc	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #,	elc.				\$8.75 Additional
22		27				5. Gertificate of Status Desired	Fee Required
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	7	Country		8. This corporation has liability for	
24 3377	25	29 3377	30				Yes No
	Name and Address of Cu	rrent Registered Agent		7		10. Name and Address of New Re	
GILBERT.	LAWRENCE G SR			81	Name		
	L PINES BLVD STE 108			82	Chrost	Address (P.O. Box Number is Not Acceptat	10)
LARGO FI				02	Sueet.	Address (P.O. Box Number is Not Acceptat	le)
				83			
				84	City		FL 85 3577/
11. Pursuant to the	provisions of Sections 607	0502 and 607 1508 Flori	da Statutes, the	e above	e-namod	corporation submits this statement for the r	
office or registe	ered agent, or both, in the S	tate of Horida, Such char	ge was author	ized by	the corp	corporation submits this statement for the population's board of directors. I hereby accept	of the appointment as registered
_	niliar with, and accept the of	bigations of, Section 607.	.0305, Florida a	statutos			
SIGNATURE	Je, typed or printed name of registeres	d agent and title if an eliceble	(NOT) Isonis	deced Age	or signature	required when reinstating)	DATE
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE		DI	LETE 1	.1100		President.	Change X Addition
NAME			1.	.2 NAME	1	LAUSCARDE (or (or)	bent Sc
STREET ADDRESS			1 1	.3 STREET	ADDRESS	hawrence (a. (ail 2200 Tall Pines Bl	rd. Sto Lole
CITY-ST-ZIP				.4 CITY - S		hargo, Florida	23771
TITLE		DI DI		170LE	1-211	MOLE 01 12 13 13 22	Change Addition
NAME				2 NAMI			
STREET ADDRESS				3 STREET	Ationeess		
CITY-ST-ZIP				4 CITY - S			
TITLE		DE		1 TALL	11-211	······································	Change Addition
NAME		_	1	.2 NAME			
STREET ADDRESS				.3 \$18EE1	AhmRESS		
CITY-ST-ZIP				4. CHY-S			
TITLE		T Di		.1 TiTuF	11 - 711		Change Addition
NAME		_		2 NAME			_ ,
STREET ADDRESS			•	.3 STREET	ADDRESS		
CITY-ST-ZIP				.4 CITY - S			
TITLE		Di		1 TITLE	1 * 2 0		Change Addition
NAME				.2 NAME			
STREET ADDRESS			ľ	.3 STREET	www.fi.cc		
CITY-ST-ZIP TITLE		DE		4 CITY-S	1 · ZIF		Change Addition
i i		<u>()</u> (/	1				C charge C Author
NAME DEDEST + DEDESCO			4	2 NAME	*DODECC		
STREET ADDRESS				.3 STREET			
CITY-ST-ZIP	difu that the information sun	inlied with this filing does		4 CHY-S		taled in ≴ oction 119.07(3)(i), Florida Statute	s. I further cortify that the
	mer and the internation 500	Annea mini tino mini dia ance-	HOLIGICALITY TO !	UAG			A CONTINUE OF THE BUILDING

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 is required by Chapter 607, Florida Statutes; and that my name