

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

FILED  
Sep 09, 1999 8:00 am  
Secretary of State

09-09-1999 90005 017 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---

DOCUMENT #

1. Corporation Name

P96000085567

BIOPTICS INTERNATIONAL, INC.

Principal Place of Business 2200 TALL PINES BLVD. SUITE 106 LARGO, FL 33771.	Mailing Address 2200 TALL PINES BLVD. SUITE 106 LARGO, FL 33771
---	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/09/96

2. Principal Place of Business 21 12167 49TH STREET N.	2a. Mailing Address 2b 12167 49TH STREET N.
---	--

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
---------------------------	---------------------------

City & State 23 CLEARWATER, FL	City & State 28 CLEARWATER, FL
-----------------------------------	-----------------------------------

Zip 24 33762	Country 25	Zip 29 33762	Country 30
-----------------	---------------	-----------------	---------------

4. FEI Number 59-3419958	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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--

9. Name and Address of Current Registered Agent LARRY GILBERT 2200 TALL PINES DRIVE SUITE 106 LARGO, FL 33771	10. Name and Address of New Registered Agent 81 Name LARRY GILBERT 82 Street Address (P.O. Box Number is Not Acceptable) 12167 49TH STREET N. 83 84 City CLEARWATER FL 85 Zip Code 33762
---	--

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.

LARRY GILBERT, PRESIDENT

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 NAME STREET ADDRESS CITY - ST - ZIP PRESIDENT LARRY GILBERT 2200 TALL PINES DR., #106 LARGO, FL 33771	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP PRESIDENT LARRY GILBERT 12167 49TH STREET N. CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Larry Gilbert LARRY GILBERT 5604 2nd, 1999 727-540-9696  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #