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

.. PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000038078 (6)

TEI OPTICAL, INC.

T.E.I. Optical , INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address		a inglindi ilg salii sadii galii baili baili baida lishi talii abiil ibbat idis idis		
5413 U.S. HIGHWAY 19 NORTH 5413 U.S. HIGHWAY 19			NORTH			
NEW PORT RICH	EY FL 34852	NEW PORT RICHEY FL 34652		DO MOT WOLF IN THE OPLOT		
				DO NOT WRITE IN THIS SPA 3. Date Incorporated or Qualified	**************************************	
2. Principal Place	of Rusiness	2a. Mailing Address		04/29/1997 4. FEI Number	TA-B-C-	
21	O Dusinoss	26		59-3448754	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Regulred	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees		
Zip	Country	Zφ	Country	8. This corporation owes or has paid the curren	nt vear Intangible	
24	25	29	30	Personal Property Tax due June 30.		
	Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Ag	ent	
HUNTE	ER, J. MATTHEW		81 Name			
5413 L	J.S. HIGHWAY 19 NORTH		82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
NEW PORT RICHEY FL 34652						
			63			
			84 City		85 Zip Code	
				FL		
11. Pursuant to th	e provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the above named co	rporation submits this statement for the purpose of ch	nanging its registered	
agent. I am fa	miliar with, and accept the oblig	e of Fiorida. Such change was gations of, Section 607.0505, F	authorized by the corpor Torida Statutes.	ation's board of directors. I hereby accept the appoin	tment as registered	
SIGNATURE			•			
Signa	ature, typed or printed name of registered ag		TE: Registored Agent signature req			
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE	res.	DELETE	1.1 TITLE		Change Addition	
NAME J.	matchew thunts	f	1.2 NAME			
STREET ADDRESS 4	O Kelleys TRAIL		1.3 STREET ADDRESS			
CITY-ST-ZIP CT	DOMAR, FL 346		1.4 CITY-ST-ZIP			
TITLE Se	relitory	☐ DELETE	2.1 TITLE		Change	
NAME 2	michael schulz 130 Westcott Rd	•	2.2 NAME			
			23 STREET ADDRESS			
	um Harbor, 71	34654	2. 4 CITY - ST - ZIP			
TITLE	reasurer	☐ DELETE	3.1 TITLE	L	Change L Addition	
NAME (CA	aneyo Horion		32 NAME			
STREET ADDRESS	aneyo Holton 57 Lakeade Ct 4m Harbe, H		3 3 STREET ADDRESS			
CITY+ST-ZIP	um HARWE. 41	5468Y	3 4. CITY-ST-ZIP			
TITLE	•	☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		ぱら	
STREET ADDRESS			5.3 STREET ADDRESS		711 50	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		4.04	
TITLE		☐ DELETE	61 TITLE	-04/27/9801009006	Change Addition	
NAME			6.2 NAME	***150.00		
STREET ADDRESS			6.3 STREET ADDRESS	举举季重 00月。UU		
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14. I hereby certif	y that the information supplied w	with this filing does not qualify f	or the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I further certify	that the information	
officer or direct Block 12 or B	this aritidal report of supplement of the corporation of the rec lock 13 if charged, or on an atta	aranniai report is true and ac eiver or trustee empowered to ichment with ac alidress.	execute this report as rec	ure shall have the same legal effect as if made under quired by Chapter 607, Florida Statutes; and that my r	oain; that I am an name appears in	