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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

**19**98

DOCUMENT #
1. Corporation Name

P97000047796 (2)

OPTICAL MANUFACTURING TECHNOLOGY, INC.

Principal Place	of Rusiness	Mailano	Addross	<del></del>					
Principal Place of Business Mailing Addross  \$415 SOUTHERLY WAY 5415 SOUTHERLY WAY									
SARASOTA FL 34232 SARASOTA FL 34232						00 NOT WEST 111 Y 110 OF 1	0.5		
1							DO NOT WRITE IN THIS SPA  3. Date Incorporated or Qualified	Ut	<del></del>
							05/27/1997		
2. Principal Plac	ce of Business	2a. Mailir	ng Address				4. FEI Number	T A	pplied For
21		26	26				65-0764247	·	ot Applicable
Suite, Apt. #,	etc.	Suite	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22	<del></del>	27	\$ d						equired
City & State		<u> </u>	City & State				<b>6.</b> Election Campaign Financing  Trust Fund Contribution		May Be
Zip	Country		Zip Country				Trust Fund Contribution		
24 25		29	·		]		Personal Property Tax due June 30. Tyes X No		
3	9. Name and Address of Curr	ent Registered	Agent				10. Name and Address of New Registered Age	nt	
MAT	THEWS, TERENCE			8	1	Name			
5190 26TH STREET WEST				8	2	Street Add	dress (P.O. Box Number is Not Acceptable)		
SUITE D				83					
BRAD	DENTON FL 34207			ľ	1				
				8	4	City	FL <sup>8</sup>	5 Zip	Code
11. Pursuant to	the provisions of Sections 607.0	502 and 607.150	08. Florida Statut	es, the abo	ve-	-named cor	poration submits this statement for the purpose of cha	i angin <b>o</b> i'	ts registered
office or reg	listered agent, or both, in the Sta familiar with, and accept the ob-	ate of Florida. Su	ch change was a	authorized l	by I	the corpora	ation's board of directors. I hereby accept the appoint	ment as	registered
SIGNATURE _	Tarimor Titti, alto dosept tito do	and the contract of		onda olaloi					
Si	gnature, typed or printed name of registered				gent	it signature requi	vired when reinstating) DATE		
12.	PRESIDEN PFFICERS	AND DIRECTORS	)	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIF		
TITLE	trhayd Gers	pach	DELETE	1.1 TITLE			LJ	Change	☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  SOLVASOLA IPL 34232				1.2 NAME 1.3 STREET ADDRESS					
CITY-ST-ZIP	Solvasola PL		232		1.4 CITY-ST-ZIP				
TITLE				2.1 TITLE			Change	Addition	
NAME				2.2 NAM		ĺ	_		
STREET ADDRESS				2.3 STRE	ET A	address			
CITY-ST-ZIP				2, 4 CITY	- ST	1-219			
TITLE	DELETE		3.1 TITLE	3.1 TITLE			Change	☐ Addition	
NAME				3.2 NAMI	E				
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP			DELETE	3.4. CHTY	_	I - ZIP		Change	Addition
TITLE NAME			L Dittell	4.1 TITLE			ليبا	Опанус	□] Mudition
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP									
TITLE				4.4 CITY - ST - ZIP 5.1 TITLE		The first first the constitution of the	Change	Addition	
NAME	<u>-</u>			5.2 NAME		0000026251 <b>e</b> f			
STREET ADDRESS				5.3 STRE	ET A	ADDRESS	***150.00		
CITY-ST-7IP				5.4 CfTY	<u>- 51</u> -	- ZIP			
TITLE			DELETE	6.1 TITLE				Change	☐ Addition
NAME				6.2 NAME	E			ŧ	16.16
STREET ADDRESS				6.2.5181	e t a	ADDRESS		3	#V. 1 la

14. I hereby certify that the information supplied with this filling 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 or an attachment with an address.

CICNIATURE X ARMA LAST

CR2E034 (10/97)

**FILED** 

Aug 26 1998 8:00am

Secretary of State