

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000075311

OPTI - S	systems of Pembroke Pi	INES, INC.									
Principal Place	e of Business	Mailing Address				7	i (25 175 ût) (19, sa sat tarre a derre a ar	ti Pattı edeni id	inar arten ivikri	ither see can	
8270 PINES BLVD PEMBROKE PINES FL 33026 8270 PINES BLVD PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026				3			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified				
L						1.	08/26/1998			lied For	
2. Principal P	Place of Business	2a. Mailing Address				1	105-0281263		<u> </u>	Applicable	,
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certificate of Status Desired		\$8.75 A	dditional	
22		27				┩—			Fee Re	.	-!
City & Stat	te	City & State				6.	Election Campaign Financing Trust Fund Contribution	-	\$5.00 to Added to		-
Zip	Country	Zip	Cour	ntry		B.	This corporation owes the curre	nt year Inta	ngible		
24	25	29	30			-	Personal Property Tax.			□No i	
1	9. Name and Address of Current	Registered Agent	<u> </u>		· · · · · · ·	10.	Name and Address of New R	egistered A	lgent		١.
				81 1	Name						İ
	, RON 0 Pines BLVD		ŀ	82 5	Street Addres	ss (P	O. Box Number is Not Accepta	ble)			
	IBROKE PINES FL 33026			83						_	l i
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					<u> </u>			PL	1	- distand	1 [
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Flonda Statu	ites, ine ad	20VB-FI	талтво согрог	XBUCK	SUDDINGS THIS PROGRAMMENT ION THE	the service	mentes ren	istered	
office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State o am famillar with, and accept the obligati	of Florida. Such change was ons of, Section 607.0505, Fl	authorized orlda Statu	by the ites.	e corporation	n's bo	end of directors. I nereby accept	i me appoin	unoni ao rog		
office of r agent. I a SIGNATURE								DATE			a
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT			e corporation	when re		DATE		RS IN 12	(88)
ŧ	Signature, typed or printed name of registered agent OFFICERS AND	and tide if applicable. (NOT DIRECTORS DELETE	E: Registered /	Agunt siç		when re	ainstating)	DATE			(11/98)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and tide if applicable. (NOT DIRECTORS DELETE	E: Registered /	Agent sig 'LE		when re	ainstating)	DATE	DIRECTO	RS IN 12	134 (11/98)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND President JAMES R. Nix 1131 N.W. 964 Terr.	and title if applicable. (NOT DIRECTORS DELETE	E: Registered / 13. 1.1 T/T 1.2 NA	Agent sig 'LE	gnature required v	when re	ainstating)	DATE	DIRECTO	RS IN 12	PE034 (11/98)
SIGNATURE 12. TITLE NAME	Signature, hood or printed name of registered agent OFFICERS AND President James R. Nix 1131 N.W. 96th Terr. Pembroke Pines F	and title if applicable. (NOT D DIRECTORS ☐ DELETE . 33024	13. 1.1 T/T 1.2 NA 1.3 S/F	Agunt siç LE ME	gnature required v	when re	ainstating)	DATE	DIRECTO	RS IN 12	:R2F034 (11/98)
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CITY-ST-ZIP 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.

8.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

954-442-7990

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90074 013 ***150.00