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

1999
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99 MAY 28 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000096670

1. Corporation Name

Optical Lake Services, Inc.

Principal Place of Business	Mailing Address
15-A West Canal Street North Suite C Belle Glade, Fl. 33430	15-A West Canal St. N. Suite C Belle Glade, Fl. 33430

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 15-A West Canal Street N.	26 15-A West Canal Street N.
Suite, Apt. #, etc. 22 Suite C	Suite, Apt. #, etc. 27 Suite C
City & State 23 Belle Glade, Fl.	City & State 28 Belle Glade, Fl.
Zip / Country 24 33430 25 USA	Zip / Country 29 33430 30 USA

3. Date Incorporated or Qualified: 11/17/98

4. FEI Number: 65-0874773 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent

Drumnia Novoa
15-A West Canal Street N.
Suite C
Belle Glade, Fl. 33430

10. Name and Address of New Registered Agent

81 Name: Drumnia Maiquez (Delete Novoa)
82 Street Address (P.O. Box Number is Not Acceptable): 15-A West Canal Street North
83 Suite C
84 City: Belle Glade, FL 85 Zip Code: 33430

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.

SIGNATURE: DM, Drumnia Maiquez, Registered Agent 5-18-99
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when filing online) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD
NAME	Drumnia Novoa	12 NAME	Drumnia Maiquez (Delete Novoa)
STREET ADDRESS	15-A West Canal Street North	13 STREET ADDRESS	15-A West Canal Street North
CITY-ST-ZIP	Suite C, Belle Glade, Fl. 33430	14 CITY-ST-ZIP	Suite C, Belle Glade, Fl. 33430
	[X] DELETE		[X] Change [ ] Addition
TITLE	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	[ ] DELETE	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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: DM, Drumnia Maiquez, President 5-18-99 (561) 996-5991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Area Code & Daytime Phone #