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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # S06975**

1. Corporation Name

EYETEL OPTICS, INC.

FILED
Apr 16, 1999 8:00 am
Secretary of State
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04-16-1999 90093 024 \*\*\*150.00



Principal Plac	e of Business	Mailing Address				01. 9:2ii 01All 0:0ii	
3151 EXECUTIVE WAY 3151 EXEC		3151 EXECUTIVE WAY	CECUTIVE WAY				
MIRAMAR FL 33025		MIRAMAR FL 33025		DO NOT WRITE IN THIS SPACE			
us . us		US	us		3. Date incorporated or Qualifed	TIO OF ACC	
					10/18/1990		ļ
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		pplied For
<b>⊢</b> ·	race of business	<b>⊢</b>			65-0221938	<u> </u>	ot Applicable
Suite Apt # etc		Suite, Apt. #, etc.		03 022 1930		Additional	
Suite, Apt. #, etc.				5. Certificate of Status Desired		Required	
City & State		City & State		6. Election Campaign Financing			
23		28		Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year		10 10
24	25	29 30	_ '		Personal Property Tax.	☐ Yes	□No
9. Name and Address of Current Registered Agent			<u>,,                                   </u>		10. Name and Address of New Register		
			81	Name			
ULL	MAN, SAMUEL C.		<u> </u>				
C/O	KELLEY, DRYE & WARREN		82	Street Add	fress (P.O. Box Number is Not Acceptable)		
201 S BISCAYNE BLVD STE 2400			83				
i .	A) FL 33131					<u></u>	
			84	City		85 Zip	Code
11 Purcuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above	e-named con			s registered
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 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 DIRECT	ORS IN 12
TITLE	V s	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	BERL, ANDRES	·	1.2 NAME				ĺ
STREET ADDRESS	3151 EXECUTIVE WAY		1.3 STREE	T ADDRESS			Í
CITY-ST-ZIP	MIRAMAR FL		1.4 CITY-S	T-ZIP			-
TITLE	CD ·	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	BERL, CARLOS		2.2 NAME				ļ
STREET ADDRESS	3151 EXECUTIVE WAY		2.3 STREE	T ADDRESS			Ì
CITY-ST-ZiP	MIRAMAR FL	/	2.4 CITY-5		سيسانها بالجوائد والاستسلام		-
τιτιε	PSTD	DELETE.	3.1 TITLE			☐ Change	Addition
NAME	ROSS, JERROLD M.		3.2 NAME				İ
STREET ADDRESS	3151 EXECUTIVE WAY		3.3 STREET	ADORESS			
CITY-ST-ZIP	MIRAMAR FL	,	3.4. CITY-S	ļ		•	ļ
TITLE	AS	☐ DELETE	4.1 T/TLE	· · ΔII		☐ Change	Addition
NAME I	ULLMAN, SAMUEL C.		4. 2 NAME				-
STREET ADDRESS	201 S BISCAYNE BLVD STE 240	າດ	4.3 STREE	TADDRESS			}
CITY-ST-ZIP	MIAMI FL	···	4.4 CITY-S				}
TITLE	MAZANI I L	☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADORESS		•	53 STREET	ADDRESS			}
\			5.4 CITY-S				\
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	-	<del></del>	☐ Change	Addition
ł . I			6.2 NAME				J
NAME			6.3 STREET	TADORESS			Ì
STREET ADDRESS	•	12	6.4 CDY-S		·		1
CITY-ST-ZIP		11 11 1	0.4	-90			

14. I hereby certify that the information supplied with this fling does not diality 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 of supplemental annual report of the and accupate 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 address; with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #