

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

96 DEC -6 PM 3: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S10812 (3)**

1. Corporation Name
L.D.X. OPTRONICS, INC.
1996 REINSTATEMENT

Principal Place of Business Mailing Address

999 WEST LANCASTER ROAD # 4 ORLANDO FL 32809
 999 WEST LANCASTER ROAD # 4 ORLANDO FL 32809

3. Date Incorporated or Qualified **11/01/1990** 3a. Date of Last Report **04/25/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc 26 **1729 TRIANGLE PARK DRIVE**

22 City & State 27 **MARYVILLE, TN**

23 Zip Country 28 **37801 USA**

4. FEI Number **59-3032518** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

MORRIS, JEFFREY A.
999 WEST LANCASTER ROAD # 4 ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name **EDWARD NOVAK**

82 Street Address (P.O. Box Number is Not Acceptable) **466 BARBADOS CIRCLE**

83

84 City **LAKELAND FL** 85 Zip Code **33803**

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 Edward Novak **EDWARD NOVAK** DATE **11/29/96**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORRIS, JEFFREY A.	
STREET ADDRESS	2411 ALBACA DR.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MORRIS, JEFFREY A.	
STREET ADDRESS	2411 ALBACA DR.	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	100002024431
1.3 STREET ADDRESS	-12/10/96--01072--003
1.4 CITY - ST - ZIP	***375.00 ***375.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE **11/18/96** DAYTIME PHONE # **4239818822**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)

REINSTATEMENT 1996

A. Claw
12-10-96