

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

PROFESSIONAL
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
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

2. Principal Place of Business

21 Suite, Apt. #, etc

2a. Mailing Address

26 1729 TRIANGLE PARK DRIVE

27 Suite, Apt. #, etc.

22 City & State

23 Zip

City & State

28 MARYVILLE, TN

24 Country

25 Country

29 Zip

30 USA

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

11/29/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	□ DELETE	1.1 TITLE	Change	Addition
NAME	MORRIS, JEFFREY A.		12 NAME		
STREET ADDRESS	2411 ALBACA DR.		13 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL		14 CITY - ST - ZIP		
TITLE	SD	□ DELETE	2.1 TITLE		
NAME	MORRIS, JEFFREY A.		22 NAME		
STREET ADDRESS	2411 ALBACA DR.		23 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL		24 CITY - ST - ZIP		
TITLE		□ DELETE	3.1 TITLE		
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY - ST - ZIP			34 CITY - ST - ZIP		
TITLE		□ DELETE	4.1 TITLE		
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY - ST - ZIP			44 CITY - ST - ZIP		
TITLE		□ DELETE	5.1 TITLE		
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY - ST - ZIP			54 CITY - ST - ZIP		
TITLE		□ DELETE	6.1 TITLE		
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY - ST - ZIP			64 CITY - ST - ZIP		

100002024431
-12/10/96-01072--003
****375.00 ****375.00

CR2E034 (3/96)

REINSTATEMENT

1996
A. Clark
12-10-96
Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/96

4239818822

Date

Daytime Phone #