## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # \$3397

(8)

| FLORIDA OPTICAL ENGINEERING, INC. |  |   |                           |                  |  |
|-----------------------------------|--|---|---------------------------|------------------|--|
| Principal Place                   | of Business  | Mailing Address   |                           |                  | T ADDITOR SED WARD TITLE CONTROL OF THE STATE OF THE STAT |
|                                   |  | 5200 NW 43RD ST<br>STE 102-380<br>Gainesville FL 3260                   | 6                         |                  |  |
|                                   |  | US  | US                        |                  | 3. Date Incorporated or Qualified 02/25/1991 05/01/1995  |
|                                   |  | 2a. Mailing Address   |                           |                  | 4. FEI Number Applied Fo S9-3148617 Not Applie   |
| Sulte, Apt. #                     |  | Suite, Apt. #, etc.   |                           |                  | 5. Certificate of Status Desired S8.75 Additional Fee Required   |
| City & State                      |  | City & State  | <del></del>               | •                | 6. Election Campaign Financing Trust Fund Contribution Added to Fees   |
| Zip (                             | Country  | 28 Zip  | Count                     | ry               | B. This corporation has liability for intangible tax under s 199.032,  |
| 326                               |  |   | 30                        |                  | Florida Statutes Yes No  |
|                                   | g. Name and Address of Curre   | nt Registered Agent   | 8                         | 1 Name           | 10. Name and Address of New Registered Agent   |
| 00155                             | M  |   | L                         |                  |  |
|                                   |  |   | 8                         | 2 Street A       | Address (P.O. Box Numbor is Not Acceptable) (new yip wide only)  |
|                                   | Accepting the production of Sections 607.050 are with and accept the obligation of Sections Accept the Oblig |   | 8                         | 3                |  |
| QF3II1L                           | OVICE I C OLOGO  |   | 8                         | 4 City           | 85 Zip Code  |
|                                   |  |   |                           |                  | FL   3265  |
| SIGNATURE _                       | Superiory typod or present partie of the legist ager   | n: and title if applicable. (NOTE                                       | E: Registered A           | gent signature n | required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE                             | D  | ☐ DELETE  | 1 1 111                   |                  | ☐ Change ☐ Addi  |
| NAME (                            |  |   | 1.2 NAM<br>1.3 STR        | EET ADDRESS      |  |
| STREET ADDRESS<br>CITY+ST-ZIP     |  |   | 1                         | -ST-ZIP          |  |
| TETLE                             | GANTLOVILLE 1 E  | ☐ DELETE  | 2 1 111                   |                  | Change Add   |
| NAME                              |  |   | 2.2 NAN                   | 18               |  |
| STREET ADDRESS                    |  |   | 2 3 STR                   | EET ADDRESS      |  |
| CITY - ST - ZIP                   |  | ☐ DELETE  | 2.4 C(T)<br>3.1 T)T       | -SI-ZIP          | Change Add   |
| TITLE                             |  | []] DELEGE  | 3 2 NAM                   |                  |  |
| NAME<br>STREET ADDRESS            |  |   |                           | EET ADDRESS      | s  |
| CHY-SI-ZIP                        |  |   |                           | r-ST-2IP         |  |
| TITLE                             |  | ☐ DELETE  | 4.13()                    | LE               | ☐ Change ☐ Add   |
| NAME                              |  |   | 4.2 NA                    | MΕ               |  |
| STREET ADDRESS                    |  |   | 4.3 STR                   | EET ADDRESS      |  |
| CHTY - ST - ZIP                   |  |   |                           | Y-ST-ZIP         | Change Add   |
| TITLE                             | !  | ☐ DELETE  | 5 1 717                   |                  |  |
| NAME                              |  |   | 52 NA/                    | RET ADDRESS      |  |
| STREET ADDRESS                    |  |   |                           | Y-ST-ZIP         |  |
| CITY-S1-ZIP<br>TITLE              |  | DELETE  | 6. 1 TIT                  |                  | Change Add   |
| NAME                              |  |   | 6 2 NA                    | ME               |  |
| STREET ADDRESS                    |  |   | 6.3 STF                   | EET ADDRESS      | ,  |
| CHTY - ST - ZIP                   |  |   | 6 4 CIT                   | Y-ST-ZIP         |  |
| 14. I do hereb<br>certify that    |  | nual report or supplemental annu<br>conation or the receiver or trustee | iai report is<br>empowere |                  | ualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furth<br>accurate and that my signature shall have the same legal effect as if made un<br>ute this report as required by Chapter 607, Florida Statutes; and that my nar   |

SIGNATURE:

RICHARO A. GRIFFIN

4 26 96 901 373-2912

AND DAYTHE PROPERTY OF DIRECTOR