FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V17156 (3)

1. Corporation Name
OPTICAL DELUSIONS, INC.

Principal Place of Business
4300 10 AVE N
SUITE 4
LAKE WORTH FL 33461

Mailing Address
4300 10 AVE N
SUITE 4
LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0407263 (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 § 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 355 MARLBOROUGH RD.
Suite, Apt. #, etc. 22
City & State 23 WEST PALM BEACH, FL
Zip 24 33405 Country 25

2a. Mailing Address
26 355 MARLBOROUGH RD.
Suite, Apt. #, etc. 27
City & State 28 WEST PALM BEACH, FL
Zip 29 33405 Country 30

9. Name and Address of Current Registered Agent
HUNTER, DURWOOD A.
4300 10 AVE N
SUITE 4
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 355 MARLBOROUGH RD.
83
84 City WEST PALM BEACH FL 85 Zip Code 33405

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: Durwood A. Hunter (Signature of new registered agent, if appointed) DATE: 4-28-95

OFFICERS AND DIRECTORS

12.

TITLE	PST
NAME	HUNTER, DURWOOD A.
STREET ADDRESS	4300 10 AVE N #4
CITY ST ZIP	LAKE WORTH FL
TITLE	D
NAME	HUNTER, DURWOOD A.
STREET ADDRESS	4300 10 AVE N #4
CITY ST ZIP	LAKE WORTH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

13.

11 TITLE	PST	☐ Change ☐ Addition
12 NAME	HUNTER, DURWOOD A.	
13 STREET ADDRESS	355 MARLBOROUGH RD.	
14 CITY ST ZIP	WEST PALM BEACH, FL 33405	
21 TITLE	D	☐ Change ☐ Addition
22 NAME	HUNTER, DURWOOD A.	
23 STREET ADDRESS	355 MARLBOROUGH RD.	
24 CITY ST ZIP	WEST PALM BEACH, FL 33405	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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)(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.

SIGNATURE: Durwood A. Hunter — 4-28-95 — (407) 659-8356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0270278 CP