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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # V26793 1. Corporation Name MEDIA OPTICAL SERVICES, INC. | (2)   | : ÷ |  |  |
|--|---|-----|--|--|
| Principal Place of Business  | Mailing Address                                     |     |  |  |
| 290 N.W. 107TH AVE.<br>PEMBROKE PINES FL 33026                     | 299 N.W. 107TH AVE.<br>PEMBROKE PINES FL 33028-4061 |     |  |  |

**FILED** Jan 31 1997 8:00am Secretary of State



| 290 N.W. 107TH AVE.<br>PEMBROKE PINES FL 33026 |  | 299 N.W. 107TH AVE.<br>PEMBROKE PINES FL 33 | 299 N.W. 107TH AVE.<br>PEMBROKE PINES FL 33028-4061 |         |                    |   |             |                 |            |                   |  |
|--|--|---|---|---------|--------------------|---|-------------|-----------------|------------|-------------------|--|
| 1.<br>1.                                       |  |   |   |         |                    | 3. Date Incorporated or Qualified 04/02/1992              | 3a. Da      | te of L<br>1/19 |            | eport             |  |
| 2. Principal P                                 | lace of Business                                 | 2a. Mailing Address                         |   |         |                    | 4. FEI Number   | <u></u>     | Ť               | Ap         | plied For         |  |
| 21   |  | 26  |   |         |                    | 65-0325615  |             |                 | -          | t Applicable      |  |
| Suite Apt.                                     | #, ota.  | Suite, Apt. #, etc.                         |   |         |                    | 5. Certificate of Status Desired                          |             | 7 -             |            | Additional quired |  |
| City & State                                   | e  | City & State                                |   |         |                    | 6. Election Campaign Financing<br>Trust Fund Contribution |             |                 |            | May Be<br>o Fees  |  |
| Zip<br>24                                      | Country<br>25                                    | 7 <sub>(p</sub>                             | Count   | try     | :                  | This corporation has liability for i     Florida Statutes |             | tax un<br>No    | der s      | 199.032,          |  |
|  | 9. Name and Address of Cur                       | rrent Registered Agent                      |   |         |                    | 10. Name and Address of New Re                            | glatered /  | gent            |            |                   |  |
|  | s, frank d.                                      |   | 8   | 31      | Name               |   | •           |                 |            |                   |  |
| PEMBROKE PINES FL 33026                        |  |   |   | 32      | Street Add         | ress (P.O. Box Number is Not Acceptable)                  |             |                 |            |                   |  |
|  |  |   |   | 33      |                    |   |             |                 |            |                   |  |
| •  |  |   | 8   | 34      | City               |   | FL          | 85              | Zip (      | Code              |  |
| 11 Pursuant                                    | to the provisions of Sections 607.               | 0502 and 607 1508 Florida Stat              | tutes the abo                                       |         | a-named corr       | poration submits this statement for the p                 |             | chanc           | ina it     | s registered      |  |
| office or r                                    | egistered agent, or both, in the SI              | late of Florida. Such change wa             | s authorized  | by      | r the corporat     | tion's board of directors. I hereby accep                 | t the app   | ointme          | nt as      | registered        |  |
| , ,  | m familiar with, and accept the of               | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~       | rionoa statu  | es      | i.                 | 01  | - 25        | /               | 99         | 7                 |  |
| SIGNATURE                                      | Signature. Typed or proceed can be of registered | Lagent and fille it approable. (N           | OTE: Registered /                                   | Age     | nt signature requi | red when reinstating)                                     | - <u>25</u> |                 | <u>~ ~</u> |                   |  |
| 12.  | OFFICERS   | AND DIRECTORS                               | 13.   |         |                    | ADDITIONS/CHANGES TO OFFICE                               | ERS AND     | DIRE            | CTOR       | S IN 12           |  |
| TITLE  | PD   | DELETE                                      | 1 1 TITL  | E.      |                    |   |             | Ch              | ange       | Addition          |  |
| NAME.  | Loos, Frank D.                                   |   | 1.2 NAM   | Æ       |                    |   |             |                 |            |                   |  |
| STREET ADDRESS                                 | 299 NW 107TH AVE                                 |   | 1.3 STAI  | EET     | ADDRESS            |   |             |                 |            |                   |  |
| CITY ST IP                                     | PEMBROKE PINES FL                                |   | 1.4 C(TY  | (-SI    | T-ZIP              |   |             |                 |            |                   |  |
| TITLE  | VD   | ☐ DELETE                                    | 2.1 TITL  | E.      |                    |   |             | Ch              | ange       | Addition          |  |
| NAME   | LOOS, GULSEREN                                   |   | 2.2 NAW   | AE.     |                    |   |             |                 |            |                   |  |
| STREET ADORESS                                 | 299 NW 107TH AVE                                 |   | 2.3 STR   | EET.    | ADDRESS            |   |             |                 |            |                   |  |
| CITY-ST-ZIP                                    | PEMBROKE PINES FL                                |   | 2. 4 CIT  | Y - \$  | ST-ZIP             |   |             |                 |            |                   |  |
| TITLE  | STD  | ☐ DELETE                                    | 3.1 TITU  | E       |                    |   |             | ☐ Ch            | ange       | Addition Addition |  |
| NAME   | LOOS, ESRA                                       |   | 3.2 NAM   | Æ       |                    |   |             |                 |            |                   |  |
| STREET ADDRESS                                 | 299 NW 107TH AVE                                 |   | 3 3 STR   | EET     | ADDRESS            |   |             |                 |            |                   |  |
| CITY-ST-ZIP                                    | PEMBROKE PINES FL                                |   | 3 4. CIT  | Y-S     | ST-ZIP             |   |             |                 |            |                   |  |
| TITLE  |  | ☐ DELETE                                    | 4.1 TITL  | .E      |                    |   |             | ☐ Ch            | ange       | Addition          |  |
| NAME   |  |   | 4. 2 NA   | ME      | 1                  |   |             |                 |            |                   |  |
| STREET ADDRESS                                 |  |   | 4.3 STR   | EET     | ADDRESS            |   |             |                 |            |                   |  |
| City-St-ZiP                                    |  |   | 4.4 CITY  | Y - \$1 | T-ZIP              |   |             |                 |            |                   |  |
| TITLE  |  | DELETE                                      | 5.1 TiTL  | .E      |                    |   |             | Ch              | ange       | Addition          |  |
| NAME   |  |   | 5.2 NAN   | ИE      |                    |   |             |                 |            |                   |  |
| STREET ADDRESS                                 |  |   | 5.3 STR   | EET     | ADDRESS            |   |             |                 |            |                   |  |
| CtTY-S1-ZIP                                    |  |   | 5.4 CITY  |         |                    |   |             |                 |            |                   |  |
| THLE   |  | DELETE                                      | 61 TITL   |         |                    |   |             | ☐ Cr            | ange       | ☐ Addition        |  |
| INAME  |  |   | 6 2 NAN   | ИE      |                    |   |             |                 |            |                   |  |
| STREET ADDRESS                                 |  |   |   |         | ADDRESS            |   |             |                 |            |                   |  |
| Second Warming                                 |  |   | 03311   | u. L. I | HALAILON           |   |             |                 |            |                   |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this armual 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: