FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V64650** **(7)**

1. Corporation Name

OPTICAL ELECTRO FORMING, INC.

Principal Place of Business

13161 56TH COURT
SUITE 206
CLEARWATER FL 34620

Mailing Address

13161 56TH COURT
SUITE 206
CLEARWATER FL 34620

3. Date Incorporated or Qualified: **09/14/1992**

3a. Date of Last Report: **01/18/1995**

4. FEI Number: **59-3137488** ☐ 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

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GROSS, THOMAS M
13161 56TH COURT
SUITE 206
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

Date

12. OFFICERS AND DIRECTORS

Title	**PC**	☐ DELETE
Name	**GROSS, THOMAS**	
Street Address	**2982 164TH AVE. N.**	
City-St-Zip	**CLEARATER FL**	
Title	**TD**	☐ DELETE
Name	**COUGHUYENTOHNU, NHUHOA**	
Street Address	**2982 164TH AVE N.**	
City-St-Zip	**CLEARWATER FL**	
Title	**SD**	☐ DELETE
Name	**REED, ROBIN**	
Street Address	**3250 SAN MATEO ST**	
City-St-Zip	**CLEARWATER FL**	
Title		☐ DELETE
Name		
Street Address		
City-St-Zip		
Title		☐ DELETE
Name		
Street Address		
City-St-Zip		
Title		☐ DELETE
Name		
Street Address		
City-St-Zip		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

1-1 Title		☐ Change ☐ Addition
1-2 Name		
1-3 Street Address		
1-4 City-St-Zip		
2-1 Title		☐ Change ☐ Addition
2-2 Name		
2-3 Street Address		
2-4 City-St-Zip		
3-1 Title		☐ Change ☐ Addition
3-2 Name		
3-3 Street Address		
3-4 City-St-Zip		
4-1 Title		☐ Change ☐ Addition
4-2 Name		
4-3 Street Address		
4-4 City-St-Zip		
5-1 Title		☐ Change ☐ Addition
5-2 Name		
5-3 Street Address		
5-4 City-St-Zip		
6-1 Title		☐ Change ☐ Addition
6-2 Name		
6-3 Street Address		
6-4 City-St-Zip		

14. I hereby certify that the information supplied with this report 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet, with an address.

SIGNATURE: Robin Reed 1/18/96 (813)572-8142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)