

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**GROSS, THOMAS M
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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

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 607.0602 and 607.1506, 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 fully able to, and accept the obligations of, Section 607.0603, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME
PC
GROSS, THOMAS
2. STREET ADDRESS
2982 164TH AVE. N.
CLEARWATER FL
3. CITY, STATE, ZIP
TD
4. CITY, STATE, ZIP
COUGHUYENTOHNU, NHUHOA
2982 164TH AVE N.
CLEARWATER FL
5. CITY, STATE, ZIP
SD
6. NAME
REED, ROBIN
7. STREET ADDRESS
3250 SAN MATEO ST
CLEARWATER FL
8. CITY, STATE, ZIP
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I, the undersigned, 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 registered agent 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 to this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robin Reed

11/8/96

(813) 572-8142

CR2E034 (12/95)