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FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 34620-4027



2. Principal Place of Business

21 13100 56th Ct.

Suite, Apt. #, etc.

22 Suite 704

City & State

23 Clearwater FL

Zip

24 34620

Country

2a. Mailing Address

26 13100 56th Ct.

Suite, Apt. #, etc.

27 Suite 704

City & State

28 Clearwater FL

Zip

29 34620

Country

3. Date Incorporated or Qualified

09/14/1992

3a. Date of Last Report

01/23/1996

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

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

Gross, Thomas M

82 Street Address (P.O. Box Number is Not Acceptable)

13100 56th Ct

83

Suite 704

84 City

Clearwater FL

FL

85 Zip Code

34620

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

Thomas Gross

Thomas Gross / President

1/15/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE

NAME GROSS, THOMAS
STREET ADDRESS 2982 164TH AVE. N.
CITY - ST - ZIP CLEARWATER 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 12

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 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 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:

Robin Reed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97

Date

813 572-8142

Daytime Phone #

CR2E034 (9/96)