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FILED

Apr 29 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 # V66152

(2)

1. Corporation Name

INTERNATIONAL PHOTONICS, INC.

Principal Place of Business

3275 PROGRESS DR
SUITE A
ORLANDO FL 32826
US

Mailing Address

3275 PROGRESS DR
SUITE A
ORLANDO FL 32826-3230
US

3. Date Incorporated or Qualified
09/22/1992

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3150245

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

BURNS, HOYT N. JR.
1688 WINGSPAN WAY
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name

Hoyt N. Burns Jr.

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

3275 Progress Drive

83 Suite A

84 City

Orlando

FL

85 Zip Code

32826

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

H. N. Burns
Signature, typed or printed name of registered agent and title if applicable

H. N. Burns, President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	BURNS, HOYT N. JR.	1688 WINGSPAN WAY	WINTER SPRINGS FL	<input type="checkbox"/>
D	BURNS, PEARL K.	1688 WINGSPAN WAY	WINTER SPRINGS FL	<input checked="" type="checkbox"/>
V	YUN, STEVEN T	4223 ROANNE DR	ORLANDO FL	<input type="checkbox"/>
V	GARCIA, DOMENIC	4150 HIGH PLAINS LANE	KISSIMMEE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	2.3 STREET ADDRESS <td>2.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE <td>3.2 NAME<td>3.3 STREET ADDRESS<td>3.4 CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	3.2 NAME <td>3.3 STREET ADDRESS<td>3.4 CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	3.3 STREET ADDRESS <td>3.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.1 TITLE <td>6.2 NAME<td>6.3 STREET ADDRESS<td>6.4 CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	6.2 NAME <td>6.3 STREET ADDRESS<td>6.4 CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	6.3 STREET ADDRESS <td>6.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

H. N. Burns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

407/273-3770

Date

Daytime Phone

CR2E034 (9/96)