

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

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 427124 (3)

1. Corporation Name
RAM OPTICAL, INC.



Principal Place of Business 4399 35 ST N P O BOX 84000 ST PETERSBURG FL 33784	Mailing Address 4399 35 ST N P O BOX 84000 ST PETERSBURG FL 33784
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1973	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2264474	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PAYNE, JOHN W 4399 35TH STREET NORTH. ST. PETERSBURG FL 33714				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT STANKIEWICZ, CY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3804 48TH AVE S.	1.2 NAME	
CITY-ST-ZIP	ST PETERSBURG, FL 0	1.3 STREET ADDRESS	
TITLE	V STEVENS, ROBERT E	1.4 CITY-ST-ZIP	
STREET ADDRESS	9180 60 ST N	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	PINELLAS PARK FL	2.2 NAME	
TITLE	PD PAYNE, J. SCOTT	2.3 STREET ADDRESS	
STREET ADDRESS	14 BELLEVUE DR	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	TREASURE ISLAND FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D DUFFY, CHARLES J	3.2 NAME	
STREET ADDRESS	13380 86TH AVE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 0	3.4 CITY-ST-ZIP	
TITLE	VD MOTTA, JOSEPH	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14 BELLEVUE DR	4.2 NAME	
CITY-ST-ZIP	TREASURE ISLAND FL	4.3 STREET ADDRESS	
TITLE	D PAYNE, JOHN W	4.4 CITY-ST-ZIP	
STREET ADDRESS	68 DOLPHIN DRIVE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	TREASURE ISLAND, FLO	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I 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, its manager 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 in Block 14 if added, with an address.

SIGNATURE: *[Signature]* **CY STANKIEWICZ** **2/12/98**

CR2E034 (10/97)