

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90042 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002827

1. Corporation Name
OPTRONICS INTERNATIONAL CORPORATION



Principal Place of Business 21 ALPHA RD CHELMSFORD MA 01824	Mailing Address 21 ALPHA RD CHELMSFORD MA 01824
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/30/1997	
4. FEI Number 04-3353518	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD
 PLANTATION FL 33324**

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 FL

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	PCD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONG, TONY D	1.2 NAME	
STREET ADDRESS	21 ALPHA RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHELMSFORD MA 01824	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCULLIN, TIMOTHY	2.2 NAME	
STREET ADDRESS	21 ALPHA RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHELMSFORD MA 01824	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONG HUEY, YOLANDA M	3.2 NAME	
STREET ADDRESS	21 ALPHA RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHELMSFORD MA 01824	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILHOITE, JOHN W	4.2 NAME	
STREET ADDRESS	21 ALPHA RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHELMSFORD MA 01824	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAH, ROBERT K	5.2 NAME	
STREET ADDRESS	21 ALPHA RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHELMSFORD MA 01824	5.4 CITY-ST-ZIP	
TITLE	PRESIDENT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD CHRUSCIEL	6.2 NAME	
STREET ADDRESS	21 ALPHA RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHELMSFORD MA 01824	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 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, with all other like empowered.

SIGNATURE: _____ DATE: **1/8/99** DAYTIME PHONE #: **978-250-5421**

CR2E034 (11/98)