SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000069119 (1)

OPTISYS, INC.

FILED Sep 12 1997 8:00am Secretary of State

Principal Place of Business Mailing Address C/O SHARP & SMITH. P.A. 4830 KENNEDY BLVD. SUITE 245 2. Principal Place of Business 21 127 Moriposa Way 28 Suite, Apt. 4, etc. 22 Suite, Apt. 4, etc. 23 Suite, Apt. 4, etc. 26 Suite, Apt. 4, etc. 27 City & State 28 Suite, Apt. 4, etc. 29 City & State 20 City & State 20 Country 20 Country 21 Suite, Apt. 4, etc. 21 Suite, Apt. 4, etc. 22 City & State 23 BOWARY City, NV 2 26 Country 26 Country 27 Country 28 Suite, Apt. 4, etc. 29 Suite, Apt. 4, etc. 21 Suite, Apt. 4, etc. 21 Suite, Apt. 4, etc. 22 Suite, Apt. 4, etc. 23 BOWARY City, NV 2 26 Suite, Apt. 4, etc. 26 Suite, Apt. 4, etc. 27 Country 28 State 29 Suite, Apt. 4, etc. 29 Suite, Apt. 4, etc. 21 Sirect Address of Number is Not Acceptable) 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes KNo 10. Name and Address of New Registered Agent SHARP, WILLIAM M SR 4830 W KENNEDY BLVD, SUITE 245 630 10 Name and Address of New Registered Agent 11 Name 12 Street Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33609 C/O GHARP & SMITH. P.A.: 4830 KENNEDY BLVD. SUITE 245 C/O GHARP & SMITH. P.A.: 4830 KENNEDY BLVD. SUITE
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 3. Date Incorporated or Qualified 3a. Date of Last Report 3. Date Incorporated or Qualified 3a. Date of Last Report 3. Date Incorporated or Qualified 3a. Date of Last Report 3. Date Incorporated or Qualified 3a. Date of Last Report 3. Date Incorporated or Qualified 3a. Date of Last Report 3. Date Incorporated or Qualified 3a. Date of Last Report 3. Date Incorporated or Qualified 3a. Date of Last Report 3. Date Incorporated or Qualified 3a. Date of Last Report 3. Date Incorporated or Qualified 3a. Date of Last Report 4. FEI Number 5. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 5. Certificate of Status Desired 5e Required 4. FEI Number 5. Suite Added to Applied 5e Required 5. Certificate of Status Desired 7e Required 6. Election Campaign Financing 7e St.00 May 8e Trust Fund Contribution 7e Added to Fee 2. Principal Place of Businoss 7e Required 7e Required 7e Required 8e Re
TAMPA FL 33609 TAMPA FL 33609
2. Principal Place of Business 3. Papelled 3. Per Address 3. Per Address 3. Per Required 4. FEI Number 59-3398362 Not Applied 59-3398362 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & State 28 City & State 29 City & State 29 Country 20 Country 21 Country 22 Country 23 Country 24 25 Country 26 Country 27 Country 28 Country 29 Country 30 Personal Property Tax due June 30. Yes Kino 9. Name and Address of Current Registered Agent SHARP, WILLIAM M SR 4830 W KENNEDY BLVD, SUITE 745 430 Street Address (P.O. Box Number is Not Acceptable)
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Applied 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. Changes 3. Certificate of Status Desired 5. Certificate of Status Desir
21 127 Moriposa way 26 See alone 59-3398362 Not App Sulte, Apt. #, etc. Suite, Apt. #, etc. Changes 5. Certificate of Status Desired Fee Required City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country R. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Kine SHARP, WILLIAM M SR 4830 W KENNEDY BLVD, SUITE 745 C3 O Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Name and Address of New Registered Agent SHARP, WILLIAM M SR 4830 W KENNEDY BLVD, SUITE 745 Zirect Address (P.O. Box Number is Not Acceptable)
City & State Country Country Country Zip Country R. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Kino Represented Agent SHARP, WILLIAM M SR 4830 W KENNEDY BLVD, SUITE 745 City & State Country R. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Kino Represented Agent SHARP, WILLIAM M SR 4830 W KENNEDY BLVD, SUITE 745 City & State Country R. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Kino Represented Agent SHARP, WILLIAM M SR 4830 W KENNEDY BLVD, SUITE 745 City & State Country R. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Kino Represented Agent SHARP, WILLIAM M SR 4830 W KENNEDY BLVD, SUITE 745 City & State Represented Agent STATE Address (P.O. Box Number is Not Acceptable)
City & State Brust Fund Contribution Added to Fee Trust Fund Contribution Added to Fee Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Kino 9. Name and Address of Current Registered Agent SHARP, WILLIAM M SR 4830 W KENNEDY BLVD, SUITE 745 6. Election Campaign Financing Frust Fund Contribution Added to Fee Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Kino 10. Name and Address of New Registered Agent SHARP, WILLIAM M SR 4830 W KENNEDY BLVD, SUITE 745 62 Street Address (P.O. Box Number is Not Acceptable)
23 BOULDE Country Zip Country Sip
24 89 005 25 US P 29 30 Personal Property Tax due June 30. Yes XXNo 9. Name and Address of Current Registered Agent SHARP, WILLIAM M SR 4830 W KENNEDY BLVD, SUITE 745 630 82 Street Address (P.O. Box Number is Not Acceptable)
9, Name and Address of Current Registered Agent SHARP, WILLIAM M SR 4830 W KENNEDY BLVD, SUITE 745 630 82 Street Address (P.O. Box Number is Not Acceptable)
SHARP, WILLIAM M SR 4830 W KENNEDY BLVD, SUITE 745 630 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)
4830 W KENNEDY BLVD, SUITE 745 630 B2 Street Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33609 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 0502 and 607 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing the region
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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE DELETE 1.1 TITLE Change 1
TITLE U Change A Chan
STREET ADDRESS 563 W DAVIS BLVD 1.3 STREET ADDRESS
CITY-ST-ZIP TAMPA FL 33606 1.4 CITY-ST-ZIP
TITLE DELETE 2.1 TITLE Change
NAME WOLF, GILBERT 2.2 NAME
STREET ADDRESS MIN DATOR AB EKBACKSGEN 20 BOX 11105 2.3 STREET ADDRESS
CITY-ST-ZIP S-181 11 BROMMA, SWEDEN 2.4 CITY-ST-ZIP
TITLE DELETE 3.1 TITLE Change
NAME JOHNANSSON, BANGT 32 NAME
STREET ADDRESS MIN DATOR AB EKBACKSVAGEN 20 BOX 11105 3.3 STREET ADDRESS
CITY-ST-ZIP \$-161 11 BROMMA, SWEDEN 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change A
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE DELETE 5.1 TITLE Change A
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-S1-ZIP 54 CITY-S1-ZIP
TITLE DELEYE 6.1 TITLE Change A
NAME
STREET ADDRESS 63 STREET ADDRESS
CITY-ST-ZIP 64 CITY-ST-ZIP 14 Lide berefy contifuence that the information countries are a smaller decided in Continuent and the Continuent and
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 oal I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if a hanged, or on an electhomaphic with an address.