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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000069119

OPTISYS, INC.

01 110101 1110

Principal Place of Business

Mailing Address

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

02-27-1999 90030 001 \*\*\*150.00



	3 01 20011000				
127 MARIPOSA WAY % SHARP, SMITH & HARRIS			ON P.A.		
BOULDER CITY NV 89005. 4630 KENNEDY E			D #630		DO NOT WRITE IN THIS SPACE
IS. TAMPA FL 33609 US					3. Date Incorporated or Qualified
		00			08/16/1996
2. Principal Place of Business e 2a. Mailing Address					4. FEI Number Applied For
1 2920 N. Green Valley 26					59-3398362 · Not Applicable
Suite, Apt. #, etc. Parkway Suite, Apt. #, etc.					\$8.75 Additional
	te 522	27			5. Certificate of Status Desired Fee Required
City & Stat		City & State			6. Election Campaign Financing 55.00 May Be
Henderson NV 28					Trust Fund Contribution Added to Fees
Zip	ip Country Zip		Country		8. This corporation owes the current year Intangible
4 890	14 <sub>25</sub> ÚSA	29	0		Personal Property Tax.
<del>-</del>	9. Name and Address of Current	_ <del></del>	1-1-		10. Name and Address of New Registered Agent
o. Raillo and Alas and a same and a same					•
SHARP, WILLIAM M SR					A Address (D.O. Day Number in Not Aggestable)
4830 W KENNEDY BLVD #630				Street	t Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33609			83		
			<u> </u>	L	
			84	City	FI 85 Zip Code
44 Dureupst	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above	e-named	d corporation submits this statement for the purpose of changing its registered
11. Pursuant to the provisions of sections 607.1002 and 6					
SIGNATURE					portured when reinstation) DATE
	Signature, typed or printed name of registered agent OFFICERS AND		13.	it signature r	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	DPST OPPICERS AND	DELETE	1.1 TITLE		Change Addition
TITLE	HARDY, LESLIE	<u> </u>	1.2 NAME		
NAME	1127 MARIPOSA WAY			ADDRESS I	
STREET ADDRESS			1.4 CITY-S		<u>'</u>
CITY-ST-ZIP	BOULDER CITY NV 89005	☐ DELETE	2.1 TITLE	1-211	☐ Change ☐ Addition
TITLE	D WOLE CURENT		2.2 NAME	'	
Name I	WOLL, GILDETT		2.3 STREE		,}
STREET ADDRESS	IMIT BY TOTT TO EXECUTE TO SOLVE TO SOL				1
CITY-ST-ZIP	S-161 11 BROMMA, SWEDEN	DELETE	2.4 CITY-S	IT-ZIP	Change Addition
IUTE.	D BANCT	Kperese	3.1 TITLE		
VAME	CONTRACTOR OF THE CONTRACTOR O		3.2 NAME		
STREET ADDRESS			l	ADDRESS	·
CITY-ST-ZIP	S-161 11 BROMMA, SWEDEN	ET DELETE	3.4 CITY-S	T-ZIP	Change Addition
TITLE		☐ DELETE	4.1 TITLE		
NAME			4.2 NAME		Gawelin, Hans Exbacksvagen 20, Box 11105
STREET ADDRESS				FADDRESS	
CITY-ST-ZIP		Opriere	4.4 CITY-S	T-ZIP	S-161 II Isromma, Sweden
TITLE		☐ DÉLETE	5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP	 		5.4 CITY-S	T-ZIP 	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME.			6.2 NAME		
STREET ADDRESS			6.3 STREE	TADDRESS	5

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:

\_\_1/26

702-454-6666

CD2E024 (11/08