

**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.)**

1-2

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

97 SEP -8 AM 10: 59

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # 677309 (7)**  
1. Corporation Name  
**HALLANDALE OPTICAL CO. INC.**



Principal Place of Business <b>C/O PURITZ &amp; WEINTRAUB 1244 N UNIVERSITY BLVD PLANTAION FL 33322-4724</b>	Mailing Address <b>C/O PURITZ &amp; WEINTRAUB 1244 N UNIVERSITY BLVD PLANTAION FL 33322-4724</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/30/1980</b>	3a. Date of Last Report <b>07/11/1996</b>
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>59-2026401</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
9. Name and Address of Current Registered Agent <b>PURITZ &amp; WEINTRAUB 1244 N UNIVERSITY BLVD PLANTATION FL 33322</b>				10. Name and Address of New Registered Agent	
				81. Name	
				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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, RONALD</b>	1.2 NAME	
STREET ADDRESS	<b>24 DUCHY ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HERTFORDSHIR EN</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, DOREEN ADELE</b>	2.2 NAME	
STREET ADDRESS	<b>24 DUCHY ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HERTFORDSHIRE EN</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, JEREMY</b>	3.2 NAME	
STREET ADDRESS	<b>BEACONSFIELD COTTAGE, TOTTERIDGE GREEN</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONDON EN</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 \_\_\_\_\_ DATE **9/3/97**

CR2E034 (4/97)

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**PURITZ AND WEINTRAUB, LLP**

Certified Public Accountants

1244 N. University Drive  
Plantation, Florida 33322  
Telephone (954) 370-2727  
Fax (954) 370-2776

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Lauren S. Puritz C.P.A.  
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Robert J. Sax C.P.A.  
Shabbir H. Songerwala C.P.A.  
Cira H. Villazon C.P.A.  
Tracy D. Weintraub C.P.A.

Miami Office:  
8180 N.W. 36th Street  
Suite 100  
Miami, Florida 33166  
Telephone (305) 592-1411  
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September 4, 1997

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
Attn: Annual Report Division

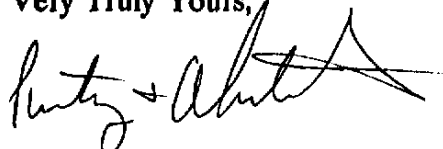
RE: Hallandale Optical CO. Inc.  
Doc.#: 677309  
Form: Annual Report Period: 1997

Dear Sir/Madam,

The above referenced taxpayer has asked us to respond to your notice dated June 27, 1997. Please be advised that this report was originally filed with your office on January 3, 1997 and for some unknown reason lost during processing.

Enclosed please find a new 1997 annual report, a file copy of the original report filed and a check in the amount of \$165.00. We ask that you please accept this as filed in a timely manner and abate all penalties associated with your mistake. Thanking you in advance.

Very Truly Yours,



Puritz & Weintraub, CPA's

enclosures  
P&W;tfj  
cc: Ronald Brown