

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H01040** (5)

1. Corporation Name
INVERRARY OPTICAL, INC.



Principal Place of Business: **7216 W OAKLAND PARK BLVD LAUDERDALE FL 33373 US**
Mailing Address: **10130 N.W. 56 ST CORAL SPRINGS FL 33076**

3. Date Incorporated or Qualified: **04/27/1984** 3a. Date of Last Report: **04/28/1995**
4. FEI Number: **59-2402550** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **GOULD, LAWRENCE M. 10130 N.W. 56 ST CORAL SPRINGS FL 33076**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (Signature typed or printed name of registered agent and Director of application) (Date: _____) (Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GOULD, LAWRENCE M. 10130 N.W. 56 ST CORAL SPRINGS FL 33076	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, CYNTHIA C. 10130 NW 56ST CORAL SPRINGS FL 33076	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.2 NAME	
CITY - ST - ZIP		2.3 STREET ADDRESS	
TITLE		2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
CITY - ST - ZIP		3.3 STREET ADDRESS	
TITLE		3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ (Signature of Lawrence M. Gould) Date: **4/10/96** Daytime Phone #: **749-0022**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)