

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H41223 (9)**

1. Corporation Name  
**NEOLENS, INC.**



Principal Place of Business: **18963 NE 4TH COURT MIAMI FL 33179-0901**  
Mailing Address: **18963 NE 4TH COURT MIAMI FL 33179-0901**

3. Date Incorporated or Qualified: **02/05/1985**  
3a. Date of Last Report: **07/19/1995**  
4. FEI Number: **59-2540595**  
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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**NORMAN DAVIDSON .  
% NEOLENS, INC.  
18963 N.E. 4TH COURT  
MIAMI FL 33179**

10. Name and Address of New Registered Agent  
81 Name: **PHILIP G. HEINEMANN**  
82 Street Address (P.O. Box Number is Not Acceptable): **c/o NEOLENS, INC.**  
83: **18963 N.E. 4 CT.**  
84 City: **MIAMI** FL 85 Zip Code: **33179**

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]* **PHILIP G. HEINEMANN, SECRETARY** 4/23/96  
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 12
TITLE: <b>C</b>	<b>DAVIDSON, NORMAN</b> 18963 NE 4TH COURT MIAMI FL	1.1 TITLE: <input checked="" type="checkbox"/> DELETE
TITLE: <b>PD</b>	<b>WALKER, MICKEY .</b> 18963 NE 4TH COURT MIAMI FL	2.1 TITLE: <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b>	<b>SMITH, F. DOW .</b> 18963 N.E. 4TH COURT MIAMI FL	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>TS</b>	<b>HEINEMANN, PHILLIP</b> 18963 N.E. 4TH COURT MIAMI FL	4.1 TITLE: <b>VTS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>V/D</b>	<b>ROTENBERG, DON</b> 18963 ME 4TH COURT MIAMI FL	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>CP</b>	<b>JON E. HAGLUND</b> 18963 NE 4 CT. MIAMI, FL 33179	6.1 TITLE: <input type="checkbox"/> Change <input checked="" 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]* **PHILIP G. HEINEMANN, SECRETARY** 4/23/96 (305) 651-0003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)