

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # J33715 (0)
1. Corporation Name
OCALA LENS LAB, INC.

Principal Place of Business: 1469 N. MAGNOLIA AVE. SUITE E OCALA, FL 34470
Mailing Address: P.O. BOX 1807 OCALA, FL 34478-1807

3. Date Incorporated or Qualified: 09/17/1986
3a. Date of Last Report: 05/01/95

21	2. Principal Place of Business	26	2a. Mailing Address
22	State, Apt. #, etc.	27	State, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4.	FEI Number	59-2719580	Applied For
			Not Applicable
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WILLARD E. BATTEN
ROUTE 1 BOX 1667-P
ANTHONY, FL 32617**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	
85	Zip Code	FL

11. For each of the provisions of Sections 607.0302 and 607.1302, Florida Statutes, the aforementioned corporation submits this statement for the purpose of changing its registered office, familiar with, and accept the obligations of Section 607.0304, Florida Statutes.

SIGNATURE: *Willard E. Batten*
Signature typed or printed name of registered agent with title (Type in full name of registered agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1	DPST WILLARD E. BATTEN ROUTE 1 BOX 1667-P ANTHONY, FL 32617	1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	

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Signature
SJR

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 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: X *Willard E. Batten*
WILLARD E. BATTEN

4-23-96 308-013-7130