

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 # **M31215** (0)

1. Corporation Name
RUSH OPTICAL, INC.



Principal Place of Business: **C/O MAURICE W. GILBERT 1644 N.E. 164TH STREET N. MIAMI BEACH FL 33162**
Mailing Address: **C/O MAURICE W. GILBERT 1644 N.E. 164TH STREET N. MIAMI BEACH FL 33162**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/29/1986	3a. Date of Last Report 01/31/1995
21. Subj. Apt. #, etc.	26. Subj. Apt. #, etc.	4. FEI Number 59-2674834	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GILBERT, MAURICE W. 1644 N.E. 164TH STREET N. MIAMI BEACH FL 33162		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	85. Zip Code FL

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: _____ DATE: _____
Registered Agent Signature and Date of Filing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		2.2 NAME	
3. STREET ADDRESS		3.3 STREET ADDRESS	
4. CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6.2 NAME	
7. STREET ADDRESS		7.3 STREET ADDRESS	
8. CITY-STATE-ZIP		8.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	<input type="checkbox"/> DELETE	9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10.2 NAME	
11. STREET ADDRESS		11.3 STREET ADDRESS	
12. CITY-STATE-ZIP		12.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14.2 NAME	
15. STREET ADDRESS		15.3 STREET ADDRESS	
16. CITY-STATE-ZIP		16.4 CITY-STATE-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 included 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 it is listed on an attachment with an address.

SIGNATURE: *Maurice W. Gilbert* **MAURICE W. GILBERT** **2/23/96** (305) 945-3615
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)