

**FILE NOW: FILING FEE AFTER MAY 1 IS \$22.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**AND  
FILED**

95 APR 21 AM 8:07

**DOCUMENT # P93000037128 (4)**

1. Corporation Name  
**G.H.M. OPTICAL, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**5030 CHAMPION BLVD  
83  
BOCA RATON FL 33486  
115** **575 NW 5 AVE  
BOCA RATON FL 33486**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country

3. Date Incorporated or Qualified 3a. Date of Last Report  
**05/21/1993 04/29/1994**  
4. FEI Number Applied For  
**46-0144103 65-0411934** 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

9. Name and Address of Current Registered Agent  
**PAPPAJOHN, GLORIA  
575 NW 5 AVE  
BOCA RATON FL 33486**

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 *Gloria Pappajohn* DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>PAPPAJOHN, GLORIA J</b>
STREET ADDRESS	<b>575 NW 5 AVE</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>
TITLE	<b>D</b>
NAME	<b>MARSH, HARRY</b>
STREET ADDRESS	<b>575 NW 5 AVE</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>
TITLE	<b>D</b>
NAME	<b>PETREY, MARY J</b>
STREET ADDRESS	<b>5294 STONEYBROOK DR</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33487</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(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: *Gloria Pappajohn* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR