

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 # **P93000037128 (4)**

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



Principal Place of Business
**5030 CHAMPION BLVD
B3
BOCA RATON FL 33486
US**

Mailing Address
**575 NW 5 AVE
BOCA RATON FL 33486**

3. Date Incorporated or Qualified
05/21/1993

3a. Date of Last Report
04/21/1995

4. FEI Number
65 85044788-041934

Applied For
 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 **575 NW 5 AVE**

22 Suite, Apt. #, etc.

23 **BOCA RATON**

24 **33486**

25 **PALM BEACH**

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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

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 I accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE: *Gloria Pappajohn* **GLORIA J PAPPAJOHN** **1/21/96**
Date

12. OFFICERS AND DIRECTORS

TITLE: **D** DELETE

NAME: **PAPPAJOHN, GLORIA J**

STREET ADDRESS: **575 NW 5 AVE**

CITY, ST, ZIP: **BOCA RATON FL 33486**

TITLE: **D** DELETE

NAME: **MARSH, HARRY**

STREET ADDRESS: **575 NW 5 AVE**

CITY, ST, ZIP: **BOCA RATON FL 33486**

TITLE: **D** DELETE

NAME: **PETREY, MARY J**

STREET ADDRESS: **5294 STONEYBROOK DR**

CITY, ST, ZIP: **BOYNTON BEACH FL 33487**

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 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: *Gloria Pappajohn* **GLORIA J PAPPAJOHN** **407-393-0610**
Date: **1/21/96** Daytime Phone #

CR2E034 (12/95)