

PA 6000090590

CAPITAL CONNECTION, INC

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

RE: Hyatt Optical, Inc.

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> (1) Copy(s)		
<i>11070</i>		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name File		
100001995611--8		
<input type="checkbox"/> Name Reservation	-11/05/96--01026--026	
<input type="checkbox"/> Annual Report/Reinstatement	****70.00	****70.00
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ()		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX () pgs.		
SUBTOTALS		

96 NOV -5 AM 10:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED

REQUEST _____ TAKEN _____ CONFIRMED _____ APPROVED _____
 DATE 11/5 _____
 TIME _____ CK No. _____
 BY _____

WALK-IN Will Pick Up 9:00 AB 11/5

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

ARTICLES OF INCORPORATION
OF
HYATT OPTICAL, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I: Name

The name of this corporation is:

HYATT OPTICAL, INC.

ARTICLE II: Principal Office

The principal place of business and mailing address of this corporation shall be: 5404 Aloha Drive
St. Pete Beach, Florida 33706

ARTICLE III: Capital Stock

The maximum number of shares of stock that this corporation is authorized to have outstanding any time shall consist of 10,000 shares of common stock having a par value of \$1.00 per share.

ARTICLE IV: Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

John N. Bowman, CPA
1636 First Avenue North.
St. Petersburg, Florida 33713

ARTICLE V: Incorporator

The name and street address of the incorporator to these Articles of Incorporation is:

Amy M. Bryan
5404 Aloha Drive
St. Pete Beach, Florida 33706

The undersigned incorporator has executed these Articles of Incorporation this 31 day of October 19, 96.


(Signature)

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE
OF FLORIDA, SUBMITS THE FOLLWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:
Hyatt Optical, Inc.

2. The name and address of the registered agent and office is:

John N. Bowman, CPA
1636 First Avenue North
St. Petersburg, Florida 33713

Having been named as registered agent and to accept service of
process for the above stated corporation at the place designated in
this certificate, I hereby accept the appointment as registered
agent and agree to act in this capacity. I further agree to comply
with the provisions of all statutes relating to the proper and
complete performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent.


Signature

10-31-96
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA