


FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000090590 (6)
 1. Corporation Name
HYATT OPTICAL, INC.



Principal Place of Business Mailing Address

2997 TYRONE BLVD.
ST PETERSBURG FL 33710
US

2997 TYRONE BLVD.
ST PETERBURG FL 33710
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/05/1996

2. Principal Place of Business 2a. Mailing Address

21 **6800 Gulfport Blvd Ste 219** 22 **Stc 219**
 Suite, Apt. #, etc. City & State

23 **St. Petersburg, FL** 24 **33707** 25 **USA**
 City & State Zip Country

26 **6800 Gulfport Blvd Ste 219** 27 **Stc 219**
 Suite, Apt. #, etc. City & State

28 **St. Petersburg, FL** 29 **33707** 30 **USA**
 City & State Zip Country

4. FEI Number **APPLIED FOR 59-3439000**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

BOWMAN, JOHN N CPA
1636 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713

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 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in 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 *Sandra J Thoma* DATE **4/6/98**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BRYAN, AMY	
STREET ADDRESS	5404 ALOHA DRIVE	
CITY-ST-ZIP	ST PETERSBURG BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	THOMA, SANDRA J	
STREET ADDRESS	8018 SMOKETRE COURT	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sandra J Thoma* DATE: **4/6/98** 813-384 9441

CR2E034 (10/97)