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Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000002916 (1)

1. Corporation Name

SALVATORI OPHTHALMIC MANUFACTURING CORPORATION

V22875



Principal Place of Business 6416 PARKLAND DR SARASOTA FL 34243	Mailing Address 1640 N. MARKET DR RALEIGH NC 27609-2517
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/10/1995		3a. Date of Last Report 07/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0557558		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" 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		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PINZEL, BONNIE J 201 N FRANKLIN ST SUITE 2700 TAMPA FL 33602				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
85 FL				86 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 \_\_\_\_\_ (Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	
NAME	ARENA, JOSEPH	1.2 NAME	
STREET ADDRESS	1640 N. MARKET DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27609	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	
NAME	O'NEAL, JIMMY G	2.2 NAME	
STREET ADDRESS	1640 N. MARKET DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27609	2.4 CITY-ST-ZIP	
TITLE	CFO	3.1 TITLE	
NAME	KIRKHAM, KENNETH C	3.2 NAME	
STREET ADDRESS	1640 N. MARKET DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27609	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	DICKERSON, THOMAS P	4.2 NAME	
STREET ADDRESS	ONE GREENWICH PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	TULLIS, JAMES L	5.2 NAME	
STREET ADDRESS	ONE GREENWICH PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	NEUSCHELER, JOAN	6.2 NAME	
STREET ADDRESS	ONE GREENWICH PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	6.4 CITY-ST-ZIP	

14. I do 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 Kenneth C. Kirkham 1/31/97 (919) 872-0744

CR2E034 (9/96)