FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

BOCARAY OPTICAL, INC.								
Principal Place of Business	Mailing Address				I CONTROL STATE SEALT INDIAN BRANCO OLI	OO HIII OHOH OHA	is bildir quan dian	
4900 LINTON BLVD.	4900 LINTON BLVD	4900 LINTON BLVD. #36 Delray Beach Fl 33445-8886						
≠36								
DELRAY BEACH FL 33445	DELKAT BEACH PL				3. Date Incorporated or Qualified 3a. Date of Last Report			
					04/26/1988 04/16/1996			•
2. Principal Place of Business	2a. Mailing Address	88			4. FEI Number			oplied For
1	26			·	65-0048090			t Applicable
Suite, Apl. #, etc.	Suite, Apt. #, et	tc.			5. Certificate of Status Desired			Additional
2 City & State	City & State				 			polited
3	28				Election Campaign Financin Trust Fund Contribution	g n	\$5.00	May Be to Fees
7ip Country	Zip	1 0	Country		8. This corporation has liability	or intendibl		
4 25	29	30	-		Florida Statutes	Yes		. 100.002,
g. Name and Address of Curr		4551	Ι		10. Name and Address of Nev	v/Registered	Agent	
LIPNACK, MARTIN I., ESQ.			81	Name		7		
7880 W. OAKLAND PARK BLVD.			82	Street Addr	ress (P.O. Box Number is Not Acce	ntable)		
SUITE 300			83					
FT. LAUDERDALE FL 33351								
			84	City			85 Zip	Code
			1 - 1	7		F	┕╎	
11 Pursuant to the provisions of Sections 607 D	502 and 607 1508. Florida	Statutes the	a above	-named corr	poration submits this statement for	he nurnose	of changing I	s registered
	502 and 607.1508, Florida te of Florida. Such change igations of, Section 607.05	Statutes, the a was authori 505, Florida S	above ized by Statutes	-named corp the corporal	poration submits this statement for tion's board of directors. I hereby a	the purpose occept the ap	of changing I pointment as	ts registered registered
					poration submits this statement for ition's board of directors. I hereby a red when renstating)	the purpose occept the ap	of changing I ppointment as	ts registered registered
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SIGNATURE Signature, typied or prefed name of registered and the signature of the signature	agent and title if applicable	(NOTE: Regist	tered Ager 3.		red when reinstating)	DATE		RS IN 12
SIGNATURE Signature, typed or periled name of registered in the properties of the pr	agent and title if applicable	(NOTE: Regist	itered Ager 13. 1 TITLE 2 NAME	nt eignature requi	red when reinstating)	DATE	ND DIRECTOR	RS IN 12
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Apr 30 1997 8:00am

Secretary of State