

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 369542 (6)

1. Corporation Name
THE OPTICAL SHOP, INC.



Principal Place of Business: 6717 NORTHWEST 11 PLACE GAINESVILLE FL 32605
Mailing Address: 6717 NORTHWEST 11 PLACE GAINESVILLE FL 32605

3. Date Incorporated or Qualified: 09/09/1970
3a. Date of Last Report: 06/09/1995
4. FEI Number: 59-1313217
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 6830 N.W. 11 Place
Suite, Apt. #, etc.: Suite C
22 Gainesville FL
City & State
23 32605
Zip
24 ALACHUA
Country
25
26 6830 N.W. 11 Place
Suite, Apt. #, etc.: Suite C
27 Gainesville, FL
City & State
28 32605
Zip
29 ALACHUA
Country
30

9. Name and Address of Current Registered Agent
CARLETON VAN ARNAM, M D
6717 NORTHWEST 11 PLACE
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6830 N.W. 11 Pl
83
84 City
85 FL
86 Zip Code

11. Pursuant to the provisions of Sections 607.0501 and 607.1536, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	VAN ARNAM, CARLETON	
STREET ADDRESS	6717 NORTHWEST 11 PLACE	
CITY-STATE-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAN ARNAM, FLORENCE	
STREET ADDRESS	6717 NORTHWEST 11 PLACE	
CITY-STATE-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	6830 N.W. 11 PLACE SUITE C
14 CITY-STATE-ZIP	GAINESVILLE FL 32605
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	6830 N.W. 11 PLACE SUITE C
24 CITY-STATE-ZIP	GAINESVILLE, FL 32605
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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)(a), 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: DATE: 5-3-96 352-331-1931

CR2E034 (12/95)