

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

FILED

**Apr 16 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 369542 (6)

1. Corporation Name
THE OPTICAL SHOP, INC.



Principal Place of Business 6830 NW 11 PLACE SUITE C GAINESVILLE FL 32605 US	Mailing Address 6830 NW 11 PLACE SUITE C GAINESVILLE FL 32605 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	29 Zip Country
24	30

3. Date Incorporated or Qualified 09/09/1970	
4. FEI Number 59-1313217	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CARLETON VAN ARNAM, M D
6830 NW 11 PLACE
GAINESVILLE FL 32605**

10. Name and Address of New Registered Agent

81 Name VAN HUTSON	
82 Street Address (P.O. Box Number is Not Acceptable) 6830 NW 11 PLACE	
83	
84 City GAINESVILLE	85 Zip Code FL 32605

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 *E. Van D. Hutson* **E. Van D. Hutson, President** **4-9-98**
Signature, not the printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP VAN ARNAM, CARLETON	<input checked="" type="checkbox"/>
NAME	VAN ARNAM, CARLETON	
STREET ADDRESS	6830 NW 11 PLACE SUITE C	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D VAN ARNAM, FLORENCE	<input checked="" type="checkbox"/>
NAME	VAN ARNAM, FLORENCE	
STREET ADDRESS	6830 NW 11 PLACE SUT EC	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DP VAN HUTSON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	VAN HUTSON		
1.3 STREET ADDRESS	6830 NW 11 PLACE SUITE C		
1.4 CITY-ST-ZIP	GAINESVILLE FL 32605		
2.1 TITLE	D Cecelia Kravljana	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	CECELIA KRAVLJANA		
2.3 STREET ADDRESS	6830 N.W. 11 PL. SUITE C		
2.4 CITY-ST-ZIP	GAINESVILLE, FL. 32605		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.

CR2E034 (10/97)