FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

5-1-95 6-5677

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # 409183 (1)

1. Corporation Name

LENSWORLD, INC.

Principal Place of Business	Mailing Address
4399 35 ST N P O BOX 84000 ST PETERSBURG FL 33784	4399 35 ST N P O BOX 84000 ST PETERSBURG FL 33784

2. Principal Place of Business — 21 —; Suite, Apt. #, etc. — 22 —; City & State — 23 —; Zip — 24 —; Country — 25 —

2a. Mailing Address — 26 —; Suite, Apt. #, etc. — 27 —; City & State — 28 —; Zip — 29 —; Country — 30 —

3. Date Incorporated or Qualified: 09/20/1972

3a. Date of Last Report: 05/20/1994

4. FEI Number: 59-1981915 ☐ 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

9. Name and Address of Current Registered Agent

PAYNE,JOHN W.
4399 35TH STREET NORTH.
ST. PETERSBURG FL 33706

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 607.1508, 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

TITLE	VS
NAME	PAYNE, JEFFREY T.
STREET ADDRESS	7840 CAUSEWAY BLVD S
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D
NAME	PAYNE, JOHN W
STREET ADDRESS	68 DOLPHIN DRIVE
CITY-ST-ZIP	TREASURE ISLAND, FL00000
TITLE	V
NAME	MOTTA, JOSEPH
STREET ADDRESS	512 JOHNS PASS AVE
CITY-ST-ZIP	MADEIRA BCH FL
TITLE	PD
NAME	PAYNE, J. SCOTT
STREET ADDRESS	14 BELLEVUE DR
CITY-ST-ZIP	TREASURE ISLAND, FL00000
TITLE	D
NAME	DUFFY, CHARLES J
STREET ADDRESS	13880 86TH AVENUE NORTH
CITY-ST-ZIP	SEMINOLE, FL 00000
TITLE	VT
NAME	STANKIEWICZ, CY
STREET ADDRESS	3804 46TH AVE. SOUTH
CITY-ST-ZIP	ST PETERSBURG, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-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)(k), 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: STANKIEWICZ 04/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0319244 CP