


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 # **454894** (7)
1. Corporation Name
ALPHA OPTICAL SERVICE, INC.

Principal Place of Business
**801 N STONE ST
DELAND FL 32720**

Mailing Address
**801 N STONE ST
DELAND FL 32720**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/18/1974	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1533894	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input 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	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		10. Name and Address of New Registered Agent	
NEUMANN, A C 801 NORTH STONE ST DELAND FL 32720		81 Name BOYLES, WILLIAM A.	
		82 Street Address (P.O. Box Number is Not Acceptable) 201 E. PINE STREET	
		83 SUITE 1200	
		84 City ORLANDO	
		85 Zip Code FL 32801	

11. Pursuant to the provisions of Sections 607.0507 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 *William A. Boyles* (NOTE: Registered Agent signature required when reinstating) DATE **3-16-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	NEUMANN, A C	1.2 NAME	BOYLES, WILLIAM A.
STREET ADDRESS	801 N STONE ST	1.3 STREET ADDRESS	201 E. PINE STREET, SUITE 1200
CITY - ST - ZIP	DELAND FL 32720	1.4 CITY - ST - ZIP	ORLANDO, FL 32801
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VPS
NAME		2.2 NAME	CHAMBERLAIN, JEAN
STREET ADDRESS		2.3 STREET ADDRESS	801 N. STONE STREET
CITY - ST - ZIP		2.4 CITY - ST - ZIP	DELAND, FL 32720
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE: *William A. Boyles* **William A. Boyles** Director **03/16/98** (407) 843-8880

CR2E034 (10/97)