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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 29 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **454894**

1. Corporation Name
ALPHA OPTICAL SERVICE, INC.

Principal Place of Business	Mailing Address
801 N STONE ST DELAND FL 32720	801 N STONE ST DELAND FL 32720

DO NOT WRITE IN THIS SPACE

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

2a. Mailing Address
26 c/o William A. Boyles
Suite, Apt #, etc. 27 201 E. Pine Street Suite 1200
City & State
28 Orlando, FL
Zip 29 32801 Country 30 USA

3. Date Incorporated Or Qualified
06/18/1974

4. FEI Number
59-1533894
[ ] 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 Owes the Current Year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

BOYLES, WILLIAM A
210 E PINE STRETT
SUITE 1200
ORLANDO FL 32801

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 date (required)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	[ ] DELETE	11 TITLE	D/P	[X] Change [ ] Addition
NAME	BOYLES, WILLIAM A		12 NAME		
STREET ADDRESS	201 E PINE STREET, SUITE 1200		13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		14 CITY-ST-ZIP		
TITLE	VPS	[ ] DELETE	21 TITLE	V/S	[ ] Change [ ] Addition
NAME	CHAMBERLAIN, JEAN		22 NAME		
STREET ADDRESS	801 N STONE STREET		23 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL 32720		24 CITY-ST-ZIP		
TITLE		[ ] DELETE	31 TITLE		[ ] Change [ ] Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		[ ] DELETE	41 TITLE		[ ] Change [ ] Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY			44 CITY-ST-ZIP		
		[ ] DELETE	51 TITLE		[ ] Change [ ] Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		[ ] DELETE	61 TITLE		[ ] Change [ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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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, with all other like empowered.

SIGNATURE: William A Boyles 4-26-99 (407) 843-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
William A. Boyles, President