

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

B-1

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 543314 (9)
1. Corporation Name
OPTICAL SHOWCASE, INC.

Principal Place of Business
11644 U.S. HWY 1
NORTH PALM BCH FL 33408

Mailing Address
11644 U.S. HWY 1
NORTH PALM BCH FL 33408

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/18/1977	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1766753	Applied For 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CAROLYNE, DUANE C.
11644 U.S. HWY 1
NORTH PALM BCH FL 33408

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROLYNE, DUANE C.	1.2 NAME	
STREET ADDRESS	11644 U.S. HWY 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BCH FL	1.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROLYNE, PEGGY A.	2.2 NAME	
STREET ADDRESS	11644 U.S. HWY 1	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BCH FL	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	3.2 NAME	
NAME	CAROLYNE, PEGGY A.	3.3 STREET ADDRESS	
STREET ADDRESS	11644 U.S. HWY 1	3.4 CITY-ST-ZIP	
CITY-ST-ZIP	NORTH PALM BCH FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP			

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****165.00 ****165.00

14. I do 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 (4/97)

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OPTICAL SHOWCASE, INC.
11644 U.S. Hwy 1
North Palm Beach, FL 33408

July 29, 1997

Division of Corporations
Annual Reports Section
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Corp #543314

Gentlemen:

We were quite shocked when we received the "2nd Notice" of our 1997 Profit Corporation Annual Report. Shocked because that was when we realized that we had NEVER received the original packet that is normally sent to us in January.

As your records reflect, we have been a Corporation in the State of Florida since 1977, and have always filed the annual reports in a timely manner. We are well aware of the importance of this form and recognize it when it arrives in the mail. That is why we can state to you with certainty that we did not receive the original mailing. We can offer no explanation for our form apparently being lost in the mail as we have not moved our business nor made any changes in our mailing address, etc.

We are enclosing our check in the amount of \$165.00, the annual report and corporation supplemental fee, and are asking that you accept this as full payment for our annual filing fee. Due to our long-standing good record with your department and the unknown circumstances, totally beyond our control, that kept us from receiving our original form, we do not feel that the \$385.00 additional filing fee is warranted.

Thank you for your assistance.

Sincerely,



Duane C. Carolyne
President