

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

FILED
Apr 21 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 # 665844 (7)
1. Corporation Name
SMITH OPTICAL BOUTIQUE, INC.



Principal Place of Business
635 N GRANDVIEW AVE
DAYTON BCH FL 32118

Mailing Address
635 N GRANDVIEW AVE
DAYTON BCH FL 32118

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/04/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1893791	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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent BOOTH, CHARLES R. 512 MAIN ST. DAYTONA BEACH FL		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 _____ DATE _____
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	12. NAME
STREET ADDRESS	CITY - ST - ZIP	13. STREET ADDRESS	14. CITY - ST - ZIP
TITLE	NAME	21. TITLE	22. NAME
STREET ADDRESS	CITY - ST - ZIP	23. STREET ADDRESS	24. CITY - ST - ZIP
TITLE	NAME	31. TITLE	32. NAME
STREET ADDRESS	CITY - ST - ZIP	33. STREET ADDRESS	34. CITY - ST - ZIP
TITLE	NAME	41. TITLE	42. NAME
STREET ADDRESS	CITY - ST - ZIP	43. STREET ADDRESS	44. CITY - ST - ZIP
TITLE	NAME	51. TITLE	52. NAME
STREET ADDRESS	CITY - ST - ZIP	53. STREET ADDRESS	54. CITY - ST - ZIP
TITLE	NAME	61. TITLE	62. NAME
STREET ADDRESS	CITY - ST - ZIP	63. STREET ADDRESS	64. 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 _____
ERHARD RUNTE 4-14-98 804 265-2401

CR2E034 (10/97)