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

PROFIT CORPORATION **ANNUAL REPORT**

1998

TAMPA FL 33606



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 671682

(3)

OPTICAL WAREHOUSE OF TAMPA, INC.

FILED Feb 11 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address			
5455 W WATERS AVENUE #214 P.O. BOX 31200 TAMPA FL 33631	5455 W WATERS AVENUE #214 P.O. BOX 31200 TAMPA FL 33631	DO NOT WRITE IN THIS SPACE		
		3. Date Incorporated or Qualified		
		05/29/1980		
Principal Place of Business	2a, Mailing Address	4. FEI Number	Applied For	
	26	59-2009198	Not Applicab	

2		27				5. Certificate of Status Desired		Fee Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Z _i p	Country 25	Ζψι 29	Country 30			This corporation owes or has p Personal Property Tax due Jun		rrent year Intangible Yes No
	g, Name and Address of Cu	rrent Registered Agent				10. Name and Address of New R	egistered	Agent
MORRISON, THOMAS K. 1200 W PLATT			81	Name Street Addres	s (P.O. Box Number is Not Accepte	ible)		

City 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 a	m familiar with, and accept the obligations of, Section 607.0505, FI	lorida Statutes.	,
SIGNATURE	Signature, hyperfor product many of respectived a post and little of applicable (NO	II Flogistered Agent signature re	guired when reinstating) OATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE	1.1 THLE	☐ Change ☐ Addition
NAME	OLMSTEAD, RICHARD E	1.2 NAME	
STREET ADDRESS	4220 FAIRWAY CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	S DELETE	2.1 TITLE	Change Addition
NAME	OLMSTEAD, LYNN K.	2.2 NAME	
STREET ADDRESS	4220 FAIRWAY CIRCLE	2.3 STREET ADDRESS	
CHY-ST-ZIP	TAMPA FL	2. 4 CITY - ST - ZIP	
TITLE	DELETE	3.1 TITLE	Change Addition
· NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	DEFETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	51 TITLE	Change Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREFT ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	İ
TITLE	DELETE	61 TATLE	☐ Change ☐ Addition
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 supplienced 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 13 if chapter 607 or on an attachment with an address.

2/3/98

(813)888-7632