

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.)

1-2

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

97 SEP -8 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **677309**

(7)

1. Corporation Name
HALLANDALE OPTICAL CO. INC.



Principal Place of Business C/O PURITZ & WEINTRAUB 1244 N UNIVERSITY BLVD PLANTATION FL 33322-4724	Mailing Address C/O PURITZ & WEINTRAUB 1244 N UNIVERSITY BLVD PLANTATION FL 33322-4724
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1980	3a. Date of Last Report 07/11/1996
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2026401	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent PURITZ & WEINTRAUB 1244 N UNIVERSITY BLVD PLANTATION FL 33322				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 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 BROWN, RONALD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	24 DUCHY ROAD	1.2 NAME	
STREET ADDRESS	HERTFORDSHIRE EN	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D BROWN, DOREEN ADELE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	24 DUCHY ROAD	2.2 NAME	
STREET ADDRESS	HERTFORDSHIRE EN	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D BROWN, JEREMY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEACONSFIELD COTTAGE, TOTTERIDGE GREEN	3.2 NAME	
STREET ADDRESS	LONDON EN	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE

[Handwritten Signature]

[Handwritten Signature]
9/3/97

CR2034 (4/97)

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PURITZ AND WEINTRAUB, LLP

Certified Public Accountants

1244 N. University Drive
Plantation, Florida 33322
Telephone (954) 370-2727
Fax (954) 370-2776

Eduardo S. Gonzalez C.P.A.
Lauren S. Puritz C.P.A.
Anthony Robledo C.P.A.
Raul M. Saenz C.P.A.
Robert J. Sax C.P.A.
Shabbir H. Songerwala C.P.A.
Cira H. Villazon C.P.A.
Tracy D. Weintraub C.P.A.

Miami Office:
8180 N.W. 36th Street
Suite 100
Miami, Florida 33166
Telephone (305) 592-1411
Fax (305) 592-9699

September 4, 1997

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Annual Report Division

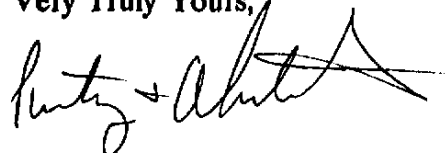
RE: Hallandale Optical CO. Inc.
Doc.#: 677309
Form: Annual Report Period: 1997

Dear Sir/Madam,

The above referenced taxpayer has asked us to respond to your notice dated June 27, 1997. Please be advised that this report was originally filed with your office on January 3, 1997 and for some unknown reason lost during processing.

Enclosed please find a new 1997 annual report, a file copy of the original report filed and a check in the amount of \$165.00. We ask that you please accept this as filed in a timely manner and abate all penalties associated with your mistake. Thanking you in advance.

Very Truly Yours,



Puritz & Weintraub, CPA's

enclosures
P&W;tfj
cc: Ronald Brown