

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 688552 (9)
1. Corporation Name
LENSA CORPORATION

Principal Place of Business
773 S.W. RIVER CT.
PALM CITY FL 34909

Mailing Address
773 S.W. RIVER CT.
PALM CITY FL 34909-2011



2. Principal Place of Business 21 6772 DULCE REAL AVE Suite, Apt #, etc. 22 City & State 23 FORT PIERCE, FLORIDA Zip 24 34951 Country 25		2a. Mailing Address 26 6772 DULCE REAL AVE Suite, Apt #, etc. 27 City & State 28 FORT PIERCE, FLORIDA Zip 29 34951 Country 30		3. Date Incorporated or Qualified 09/22/1980	3a. Date of Last Report 01/24/1996
				4. FEI Number 59-2027501	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SANDEL, BERNARD W 773 S.W. RIVER CT. PALM CITY FL 34909			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		

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 NAME SANDEL, BERNARD STREET ADDRESS 773 S.W. RIVER CT. CITY-ST-ZIP PALM CITY FL	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT 1.2 NAME BERNARD W. SANDEL 1.3 STREET ADDRESS 6772 DULCE REAL AVE 1.4 CITY-ST-ZIP FORT PIERCE, FLA 34951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME SANDEL, BERNARD STREET ADDRESS 773 SW RIVER CT CITY-ST-ZIP PALM CITY FL	<input type="checkbox"/> DELETE	2.1 TITLE SECRETARY 2.2 NAME BERNARD W. SANDEL 2.3 STREET ADDRESS 6772 DULCE REAL AVE 2.4 CITY-ST-ZIP FORT PIERCE, FLORIDA 34951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME SANDEL, SHARON STREET ADDRESS 773 SW RIVER CT CITY-ST-ZIP PALM CITY FL	<input type="checkbox"/> DELETE	3.1 TITLE DIRECTOR 3.2 NAME SHARON SANDEL 3.3 STREET ADDRESS 6772 DULCE REAL AVE 3.4 CITY-ST-ZIP FORT PIERCE, FLORIDA 34951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  PRES. BERNARD W. SANDEL 4/31/97 (561) 466-6601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)