

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
97 APR 30 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F93000003516 (2)**

1. Corporation Name  
**OUTLOOK VISION SERVICES, INC.**



Principal Place of Business  
**200 S. ANDREWS, 6TH FLOOR  
FT LAUDERDALE FL 33301**

Mailing Address  
**200 S. ANDREWS, 6TH FLOOR  
FT. LAUDERDALE FL 33301-1884**

3. Date Incorporated or Qualified  
**08/03/1993**

3a. Date of Last Report  
**04/08/1996**

2. Principal Place of Business  
21 **450 EAST LAS OLAS BLVD**  
Suite, Apt. #, etc.  
22 **SUITE 1500**  
City & State  
23 **FT. LAUDERDALE, FL**  
Zip  
24 **33301** 25 **USA**

2a. Mailing Address  
26 **450 EAST LAS OLAS BLVD.**  
Suite, Apt. #, etc.  
27 **SUITE 1500**  
City & State  
28 **FT. LAUDERDALE FL**  
Zip  
29 **33301** 30 **USA**

4. FEI Number  
**65-0222479**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**LAS OLAS FINANCIAL SERVICES CORP.  
200 S. ANDREWS AVE., 6TH FLOOR  
FT. LAUDERDALE FL 33301**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PIERCE, WILLIAM</b>	
STREET ADDRESS	<b>200 S. ANDREWS AVE., 6TH FLOOR</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>ROCHON, RICHARD C</b>	
STREET ADDRESS	<b>200 S. ANDREWS AVE., 6TH FLOOR-</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, RONALD</b>	
STREET ADDRESS	<b>40 N CENTER ST., #104</b>	
CITY-ST-ZIP	<b>MESA AZ 85201</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>450 E LAS OLAS BLVD, SUITE 1500</b>
1.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33301</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>450 E LAS OLAS BLVD, SUITE 1500</b>
2.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33301</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>BRANDEN CRIS V</b>
4.3 STREET ADDRESS	<b>450 E LAS OLAS BLVD 15 FLOOR</b>
4.4 CITY-ST-ZIP	<b>FT LAUDERDALE FL 33301</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>200002161002-7</b>
5.4 CITY-ST-ZIP	<b>-05/01/97--01001-021</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>***3300.00 *****165.00</b>
6.4 CITY-ST-ZIP	

**365-1-97**

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: **BRANDEN CRIS V BRANDEN** 4/24/97 954-627-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)