

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

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**FILED**

98 APR 29 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F93000003516 (2)**

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



Principal Place of Business  
**450 EAST LAS OLAS BLVD. SUITE 1500 FT LAUDERDALE FL 33301**

Mailing Address  
**450 EAST LAS OLAS BLVD. SUITE 1500 FT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc		26 Suite, Apt. #, etc.		08/03/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		65-0222479	
24		29		30	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For	
				Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$8.75 Additional Fee Required	
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAS OLAS FINANCIAL SERVICES CORP. 200 S. ANDREWS AVE., 6TH FLOOR FT. LAUDERDALE FL 33301				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PIERCE, WILLIAM		12 NAME	100002515781--8			
STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 1500		13 STREET ADDRESS	-05/07/98--01098--007			
CITY-ST-ZIP	FT LAUDERDALE FL 33301		14 CITY-ST-ZIP	***150.00 ***150.00			
TITLE	C	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ROCHON, RICHARD C		2.2 NAME				
STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 1500		2.3 STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33301		2.4 CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JOHNSON, RONALD		3.2 NAME				
STREET ADDRESS	40 N. CENTER ST., #104		3.3 STREET ADDRESS				
CITY-ST-ZIP	MESA AZ 85201		3.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BRANDEN, CRIS V		4.2 NAME	VT BRANDEN CRIS V			
STREET ADDRESS	450 EAST LAS OLAS BLVD., 15 FLOOR		4.3 STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33301		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 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: *[Signature]* CRIS V BRANDEN 4/29/98 604-677-2100

CR2E034 (10/97)