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

FILED
Jul 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F95000003192 (0)**

1. Corporation Name
ARNET OPTIC ILLUSIONS, INC.

Principal Place of Business
900 CALLE NEGOCIO
SAN CLEMENTE CA 92673

Mailing Address
ONE BAUSCH & LOMB PLACE
ROCHESTER NY 14604-2701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **07/03/1995**

4. FEI Number: **33-0488442** ☐ Applied For ☐ Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ARNETTE, GREGORY
1810 N. INDIAN RIVER RD.
NEW SMYRNA BEACH FL 32169

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ARNETTE, GREGORY		1.2 NAME		
STREET ADDRESS	1810 N. INDIAN RIVER RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL		1.4 CITY-ST-ZIP		
TITLE	COO	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BEACH, BRUCE		2.2 NAME		
STREET ADDRESS	2930 ESTANCIA		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAN CLEMENTE CA 92672		2.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	MCDERMOTT, KATHY		3.2 NAME		
STREET ADDRESS	26452C PASEO DEL MAR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAN JUAN CAPISTRANO CA 92675		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	FAIN, PHILIP A		4.2 NAME	Gotthard, John	
STREET ADDRESS	ONE BAUSCH & LOMB PLACE		4.3 STREET ADDRESS	One Bausch + Lomb Place	
CITY-ST-ZIP	ROCHESTER NY 14604-2701		4.4 CITY-ST-ZIP	Rochester, NY 14604-2701	
TITLE	S	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	GEISEL, JEAN F		5.2 NAME	Whalen, David G.	
STREET ADDRESS	ONE BAUSCH & LOMB PLACE		5.3 STREET ADDRESS	One Bausch + Lomb Place	
CITY-ST-ZIP	ROCHESTER NY 14604-2701		5.4 CITY-ST-ZIP	Rochester NY 14604-2701	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	MCCLUSKI, STEPHEN C		6.2 NAME	Hahs, Dwain L.	
STREET ADDRESS	ONE BAUSCH & LOMB PLACE		6.3 STREET ADDRESS	One Bausch + Lomb Place	
CITY-ST-ZIP	ROCHESTER NY 14604-2701		6.4 CITY-ST-ZIP	Rochester, NY 14604-2701	

CR2E034 (10/97)

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.