

FILED

May 15 1997 8:00am
Secretary of State

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
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DOCUMENT # F96000005160 (4)

1. Corporation Name

BEACON EYE INSTITUTE, INC.



Principal Place of Business 201 MAIN ST. FT. WORTH TX 76102	Mailing Address 201 MAIN ST. FT. WORTH TX 76102-3105
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/07/1996	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FET Number 75-2674850	SEE ATTACHED	Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 Zip	25 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301		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 the P. if applicable (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	EXECUTIVE VICE PRESIDENT (EV) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, KEITH F	1.2 NAME	LARRY L. MOORE
STREET ADDRESS	201 MAIN ST., 1450	1.3 STREET ADDRESS	201 MAIN ST., 1450
CITY-ST-ZIP	FT. WORTH TX 76102	1.4 CITY-ST-ZIP	FT. WORTH, TX 76102
TITLE	V	2.1 TITLE	EXECUTIVE VICE PRESIDENT (EV) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EICHORST, FRANCES J	2.2 NAME	WALLACE R. RYNE
STREET ADDRESS	201 MAIN ST., 1450	2.3 STREET ADDRESS	201 MAIN ST., 1450
CITY-ST-ZIP	FT. WORTH TX 76102	2.4 CITY-ST-ZIP	FT. WORTH, TX 76102
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EICHORST, FRANCES J	3.2 NAME	
STREET ADDRESS	201 MAIN ST., 1450	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WORTH TX 76102	3.4 CITY-ST-ZIP	
TITLE	VSD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDER, MICHAEL B	4.2 NAME	
STREET ADDRESS	201 MAIN ST., 1450	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WORTH TX 76102	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROTHERHOOD, FRANCE J	5.2 NAME	
STREET ADDRESS	201 MAIN ST., 1450	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WORTH TX 76102	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDFORD, F J	6.2 NAME	
STREET ADDRESS	3 ROBERT SPECK PKWY., #700	6.3 STREET ADDRESS	
CITY-ST-ZIP	MISSISSAUGA ONTARIO L4Z 2G5	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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee #

CR2E034 (9/96)