

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -6 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G20148** (4)

1. Corporation Name
SUN HILL OPTICAL CORPORATION

Principal Place of Business 1647 SUNCITY CENTER PLAZA CENTER PLAZA BLDG., SUITE 203-B SUN CITY CENTER FL 33573 US	Mailing Address 1647 SUNCITY CENTER PLAZA CENTER PLAZA BLDG., SUITE 203-B SUN CITY CENTER FL 33573 US
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/25/1983	3a. Date of Last Report 02/11/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2334951	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FINNEGAN, MARY RITA 322 HOLLOW TREE DRIE SEFFNER FL 33584	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
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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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME FINNEGAN, MARY RITA	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 322 HOLLOWTREE DR.	CITY-ST-ZIP SEFFNER FL	2. NAME	
TITLE VP	NAME FINNEGAN, MICHAEL FRANCIS	3. STREET ADDRESS	
STREET ADDRESS 739 ISLETON DR	CITY-ST-ZIP BRANDON FL	4. CITY-ST-ZIP	
TITLE VP	NAME FINNEGAN, FRANK ANTHONY	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 322 HOLLOWTREE DR.	CITY-ST-ZIP SEFFNER FL	6. NAME	
TITLE	NAME	7. STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	8. CITY-ST-ZIP	
TITLE	NAME	9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	10. NAME	
TITLE	NAME	11. STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	12. CITY-ST-ZIP	
TITLE	NAME	13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	14. NAME	
TITLE	NAME	15. STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	16. CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change report, or on an attachment with an address.

SIGNATURE: *Mary R. Finnegan* **MARY FINNEGAN** 2-29-95 (813) 634-6344