


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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H38181** (4)

1. Corporation Name
POLK OPTICIANS, INC.

Principal Place of Business % ROBERT J. TOOMA 5528 US 98 NORTH LAKELAND FL 33809	Mailing Address % ROBERT J. TOOMA 5528 US 98 NORTH LAKELAND FL 33809-3104
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/28/1984	3a. Date of Last Report 04/29/1996
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number 59-2485306	Applied For <input type="checkbox"/> Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

TOOMA, ROBERT J.
3173 U.S. 98 NORTH
LAKELAND FL 33805

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 7716 NATURE TRAIL	83	84 City LAKELAND, FL	85 Zip Code 33809
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOMA, ROBERT J	1.2 NAME	
STREET ADDRESS	5528 US 98 NORTH	1.3 STREET ADDRESS	7716 NATURE TRAIL
CITY-ST-ZIP	LAKELAND FL 33809	1.4 CITY-ST-ZIP	LAKELAND FL 33809
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	SECRETARY
STREET ADDRESS		2.3 STREET ADDRESS	CAY TOOMA
CITY-ST-ZIP		2.4 CITY-ST-ZIP	7716 NATURE TRAIL
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: **Robert J. Tooma** 4-29-97 853-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)