2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUI 1. Entity Name THE OPTI	e						Mar 05, 2004 08:00 AM Secretary of State				
Principal Place	e of Rusiness	··	Mailin	a Address			1				
Principal Place of Business Mailing Address 9707 OVERSEAS HIGHWAY 9707 OVERSE MARATHON FL 33050 MARATHON F					SEAS HIGHWAY			; (#####); ##;	NIF NYWYF NYWII NIWY N		
2. Principal P	lace of Busin	3. Mailing Address SAME AS A ROVE									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					MOORE CR2	E034 (11/0)	3)	
City & State			City	City & State			4. 9	FEI Number 59-2585620	-		illed For Applicable
Ζιρ	Country		Zip	Zip Cou		ftry 5. Certific		Certificate of Status Desired	\$8.75 Fee Re		ional
	6. Name	Registere	d Agent		7. 5	lame and Address of New Regis	iered Agent				
JAMES, ROD % PEARLE VISION						Name					·
C/0) PÉARLE	.,	•		Street Address	(P.O. E	Box Number is Not Acceptable)				
9707 OVERSEAS HIGHWAY MARATHON FL 33050											
					, .	City			FL Zip	Code	
			or the purp	ose of changing it	s registere	ed office or registe	red ag	ent, or both, in the State of Florida.	I am familiar	with, a	nd accept
the obligations of registered agent. SIGNATURE Signature broad or othered agency depositered around and title if applicable. (NOTE, Registered Agent signature recurred when reinstations) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00								 Election Campaign Financi Trust Fund Contribution. 	· — -		May Be to Fees
· · · · · · · · · · · · · · · · · · ·	k Payable to	Florida Department o	5 4 4 5 12 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ne	11.			DOITIONS/CHANGES TO OFFICER	S AND DIREC	2801	(K) + 1
BILE	Р	OFFICERS AND	DIRECTO	Delete	911	:	- 70	<u> </u>	57 Chr		Addition
NAME	JAMES, RC			NAM . ctol		E ET ADDRESS		ng/85704-806	40-003 1	.50.4	30
STREET ADDRESS CITY-ST-ZIP	MARATHON FL 33050				- ST- 78P					·· T T.	
TITLE	ST			□ Delete 11		1			☐ Cha	ange	Addition
NAME STREET ADDRESS	{	AROL SUMMERS RSEAS HIGHWAY		NA Si		et address					
CITY-ST-ZIP	MARATHO	N FL 33050				-ST-ZIP					
TITLE NAME				Detete	TRU NAM	_ 1			Cha	ange	☐ Addition
STREET ADDRESS						ET ADDRESS					
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NAME			•	<u></u>	NAM	Σ			_		_
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IIITE .				☐ Delete	TITLE	3			☐ Cha	алде	Addition
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CITY-SI-IIP			<u></u>		EITY	-ST-ZIP					<u></u>
TITLE NAME				Delete:	TITLI NAM	1			☐ Cha	ange	Addition
STREET ADDRESS					STRE	ET ADDRESS					
CITY-ST-ZIP	coefficients of	information guardies wh	th thus fills-	doe not availe f		-ST-ZIP	ection	119 07(3)(i) Florida Statutos 1 furt	her certify that	the in	formation
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and at flurate 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 specule this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all original statutes.											
SIGNATURE: Rod TAMES								2/28/04	305-74	7-98	
		SIGNATURE AND TYPED OF	TRUSTEDIAL	WE OF SIGNING OFFICE	R OR DIRECT	TOR		Date	Daytime Pt	one#	

FILED