


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

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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J33715 (0)			
1. Corporation Name OCALA LENS LAB, INC.			
Principal Place of Business 1645 N. MAGNOLIA AVE OCALA, FL 34470 US		Mailing Address P.O. BOX 550 ANTHONY, FL 32617-0050 US	
2. Principal Place of Business 21 1469 N MAGNOLIA AVE Suite, Apt. #, etc. 22 SUITE E City & State 23 Ocala FL Zip 24 34470 Country 25 US		2a. Mailing Address 26 1469 N. MAGNOLIA AVE Suite, Apt. #, etc. 27 SUITE E City & State 28 Ocala FL Zip 29 34470 Country 30 US	
9. Name and Address of Current Registered Agent BATTEN, E. WILLARD ROUTE 1, BOX 1667-P ANTHONY, FL 32617		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 13747 NE 45TH AVE 83 84 City ANTHONY FL 85 Zip Code 32617	
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; none if applicable) (NOTE: Registered Agent Signature required when re-registering) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME BATTEN, E. WILLARD STREET ADDRESS ROUTE 1, BOX 1667-P CITY-ST-ZIP ANTHONY, FL	<input type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME BATTEN, E. WILLARD 1.3 STREET ADDRESS 13747 NE 45TH AVE 1.4 CITY-ST-ZIP ANTHONY FL 32617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DST NAME BATTEN, HARRY G. STREET ADDRESS 705 S.E. 5TH ST CITY-ST-ZIP OCALA, FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.		600002130106 -04/01/97--01066--011 ***165.00	
SIGNATURE: <i>E. Willard Batten</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/17/97 (352) 867-7130 Date Daytime Phone #	

CR2E034 (9/96)