
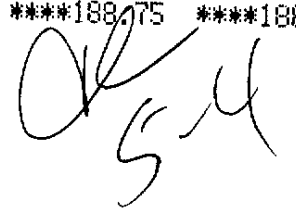


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAY -1 PM 4:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L94000000287		1a. Principal Place of Business Address	
PREMIER OPTICS L.C. <del>2134 SEA PRINES WAY,</del> CORAL SPRINGS FL <del>33071-7737</del>				2134 SEA PRINES WAY CORAL SPRINGS FL <del>33071</del>	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
3441 Greenview TR W.		P.O. Box 771314		06/24/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation	
City & State		City & State		FL	
MARGATE, FL		CORAL SPRINGS, FL		4. FEI Number	
Zip		Zip		65-0500911	
33063		33077		5. Date of Last Report	
Country		Country		05/01/1997	
USA		USA		6. Certificate of Status Desired	
				88.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
DINGES, ALAN 2134 SEA PRINES WAY CORAL SPRINGS FL 33071				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				Suite, Apt. #, etc.	
				City	
				Zip Code	
				FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MAN	DINGES, ALAN	2134 SEA PRINES WAY 3441 Greenview TR W.		CORAL SPRINGS FL MARGATE, FL	
				4000002514824--4 -05/07/98--01015--020 ****188.75 ****188.75	
					

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Alan J. Dinges CEO

954-750-9777