


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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 PREMIER OPTICS L.C. P.O. BOX 771314 CORAL SPRINGS FL 33077		1a. Principal Place of Business Address 3441 GREENVIEW TRAIL WEST MARGATE FL 33063	
2. Principal Place of Business 3769 NW 126th AV Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	3. Date Organized or Qualified 06/24/1994	3a. State of Formation FL
City & State Coral Springs, FL	City & State	4. FEI Number 65-0500911	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33065	Country USA	5. Date of Last Report 05/01/1998	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent DINGES, ALAN 2134 SEA PRINES WAY CORAL SPRINGS FL 33071		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 3769 NW 126th AVE Suite, Apt. #, etc. City Coral Springs FL Zip Code 33065	
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 _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MAN	DINGES, ALAN	3441 GREENVIEW TRAIL WEST 3769 NW 126th AV	MARGATE FL Coral Springs, FL 33065
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: _____		4-27-99 954-752-9717	