


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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY -3 AM 11:32

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company EXPERT VISION EXPRESS L.C. 5230 COCONUT CREEK PKWY MARGATE FL 33063	DOCUMENT # L94000000660 <i>aq-AR CM</i>
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1a. Principal Place of Business Address 5230 COCONUT CREEK PKWY MARGATE FL 33063
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 12/02/1994	3a. State of Formation FL
		4. FEI Number 65-0550930	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 04/17/1998	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent SCHROEDER, MICHAEL A 2255 GLADES RD SUITE 319-A BOCA RATON FL 33431	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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 _____
(If registered Agent Accepting Appointment, Print Name and Address of Agent in Block 10)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	PETTINATO, ROBERT	5220 COCONUT CREEK PKWY	MARGATE FL
MGRM	PETTINATO, GIANNI	5220 COCONUT CREEK PKWY	MARGATE FL
MGRM	MUSA, KELLI	10770 MAPLE CHASE DR	BOCA RATON FL

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****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: *Robert Pettinato* **ROBERT PETTINATO** *4/26/99* **984 9966**
SIGNATURE AND TITLE OF PERSON IN CHARGE OF PREPARING AND FILING THIS REPORT