**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 14 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M32732 (3)20/20 OPTICIANS, INC. Principal Place of Business Mailing Address 6815 NW 62ND TERR. 6815 NW 62ND TERR. PARKLAND FL 33067 PARKLAND FL 33067 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/27/1986 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0238457 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 30 Yes Yes 29 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DWIN. BILL 1767 N. UNIV DR. Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33322** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Soctions 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE \_\_ Change \_\_ Addition 1.1 TITLE TITLE DWIN, BILL NAME 1.2 NAME 1767 NO. UNIVERSITY DR. 1.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE NAME DWIN, NINA 2.2 NAME STREET ADDRESS 1767 N UNIVERSITY DR 2.3 STREET ADDRESS PLANTATION FL CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TETLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Change 6.1 TITLE Addition TITLE

14. I 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 suppliemental 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 occiver 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

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

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4/5/98

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