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

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P19737

(6)

ROBERTSON OPTICAL LABORATORIES, INC. OF ORLANDO

Principal Place of Business 2506 A 8 TAYLOR AVE ORLANDO FL 32806 US 2. Principal Place of Business 21 Suite, Apt. #, etc.		Mailing Address P O BOX 4121 ATLANTA GA 30302-4121 US 2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified			
City & State		City R State	City & State		//.	Fee Re	
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zip 24	Country 25 9. Name and Address of Curren	Zip 29	Countr 30	у	8. This corporation has liability for Florida Statutes 10. Name and Address of New Re	Yes No	199.032,
NACI		r negistered Agent	8	Name	10. Name and Address of New Ne	gistereo Agent	
2506	1, RORY A S TAYLOR AVE INDO FL 32806		82	Street Addr	ess (P.O. Box Number is Not Acceptat	FL 85 Zip C	Code
SIGNATURE	Signature, typed or printed name of registered age	ni and title if applicable (NO)	i - Rog stored A		oration submits this statement for the pion's board of directors. I hereby accepted when reinstang)	DATE	
-12.	OFFICERS AND	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTOR	S IN 12 Addition
TITLE NAME STREET ADDRESS	PD ROBERTSON, CALVIN W. 1860 MONTREAL RD.			ET ADDRESS		Change	L Asolton
CITY-ST-ZIP	TUCKER GA	DOLLTI	1.4 CITY-	\$1-7IP		☐ Change	Addition
NAME STREET ADORESS CITY-ST-ZIP	STD BOWLING, KELLY 1860 MONTREAL RD TUCKER GA	L.J DELETE	21 TRILE 22 NAME 23 STRE 2.4 CITY	ET ADDRESS		C Change	Addition
TITLE NAME STREET ADDRESS	VD ROBERTSON, RICHARD L. 1880 MONTREAL RD. TUCKER GA	DELETE	3.1 TITLE 3.2 NAME	T ADDRESS		Change	Addition
CITY-ST-ZIP TITLE	IOUNEN GA	DELETE	4.1 TITLE			Change	Addition
NAME		المالين المالين	4.1 THTE			Onange	ET Manion
STREET ADDRESS				E1 ADDRESS			
CITY-ST-ZIP			4.4 CITY	\$1- <i>2</i> IP			
TITLE NAME STREET ADDRESS		DELETE		ET ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		L] DELETE	5.4 CITY: 6.1 TITLE 6.2 NAMI 6.3 STRE			Change	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 ghange the property in attachment with an address.

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FILED

May 13 1997 8:00am

Secretary of State