

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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P29556** (8)  
1. Corporation Name  
**SUNLAND OPTICAL COMPANY, INC.**

Principal Place of Business  
**1156 BARRANCA  
EL PASO TX 79935**

Mailing Address  
**1156 BARRANCA  
EL PASO TX 79935**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/29/1990**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number <b>74-1667047</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**ABBOTT, ALAN  
BLDG. 950  
TYNDALL AFB FL 32403**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABBOTT, ALAN</b>	1.2 NAME	
STREET ADDRESS	<b>10912 DON JANUARY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EL PASO TX</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALSTON, JAMES</b>	2.2 NAME	
STREET ADDRESS	<b>8942 BELFAST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EL PASO TX</b>	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABBOTT, ELIZABETH</b>	3.2 NAME	
STREET ADDRESS	<b>10912 DON JANUARY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EL PASO TX</b>	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABBOTT, S L</b>	4.2 NAME	
STREET ADDRESS	<b>1156 BARRANCA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EL PASO TX</b>	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABBOTT, ARLINE</b>	5.2 NAME	
STREET ADDRESS	<b>1156 BARRANCA</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EL PASO TX</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 changed, or on an attachment with an address.

SIGNATURE

*James Alston*

JAMES ALSTON 4-27-98 (915) 591-9483

CR2E034 (10/97)