


FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS		May 12 1997 8:00am Secretary of State	
DOCUMENT # P38385 (1)					
1. Corporation Name JAMAR OPTICAL, INC.					
Principal Place of Business 19101 MYSTIC POINTE DR. #1507 NORTH MIAMI BEACH FL 33180			Mailing Address 19101 MYSTIC POINTE DR. #1507 NORTH MIAMI BEACH FL 33180-4517		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			3a. Date of Last Report 02/26/1996		
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country			3. Date Incorporated or Qualified 04/14/1992		
2b. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country			4. FEI Number 23-2181874		
2c. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country			5. Certificate of Status Desired \$8.75 Additional Fee Required		
2d. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
2e. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country			7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
9. Name and Address of Current Registered Agent GROSS, LOUIS 19101 MYSTIC POINTE DR., #1507 NORTH MIAMI BEACH FL 33180			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] DATE: 4-11-97					
12. OFFICERS AND DIRECTORS 12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY - ST - ZIP 12.5 TITLE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY - ST - ZIP 12.9 TITLE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY - ST - ZIP 12.13 TITLE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY - ST - ZIP 12.17 TITLE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY - ST - ZIP 13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY - ST - ZIP 13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY - ST - ZIP 13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY - ST - ZIP 13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY - ST - ZIP					
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 changed, or on an attachment with an address.					
SIGNATURE: [Signature] DATE: 5-4-97					