

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 DEC 24 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000002109 (5)

1. Corporation Name

ANDREWS OPTICAL GROUP, INC.



REINSTATEMENT 96cw

Principal Place of Business Mailing Address  
OPTICAL ANDREWS  
410 W TENNESSEE ST  
TALLAHASSEE FL 32301  
US  
OPTICAL ANDREWS  
410 W TENN ST  
TALLAHASSEE FL 32301  
US

3. Date Incorporated or Qualified 01/11/1993  
3a. Date of Last Report 08/03/1995

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc 26 Suite, Apt #, etc  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

4. FEI Number 59-3158280  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

9. Name and Address of Current Registered Agent  
HABEN, CULPEPPER, DUNBAR & FRENCH, P.A.  
ROUTE 18, BOX 2063  
TALLAHASSEE FL 32310

10. Name and Address of Now Registered Agent  
81 Name MICHAEL F. ANDREWS / 96 PENNINGTON FEN  
82 Street Address (P.O. Box Number is Not Acceptable) 215 S. MONROE ST  
83 TALLAHASSEE, FL  
84 City FL 85 Zip Code 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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 12/24/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	ANDREWS, MICHAEL F	1.2 NAME	ANDREWS, MICHAEL F
STREET ADDRESS	RT. 16 BOX 2063	1.3 STREET ADDRESS	344 GUY STRICKLAND RD.
CITY - ST - ZIP	TALLAHASSEE FL 32310	1.4 CITY - ST - ZIP	CRAWFORDVILLE, FL 32327
TITLE	TD	2.1 TITLE	
NAME	ANDREWS, VIRGINIA E	2.2 NAME	
STREET ADDRESS	RT. 16 BOX 2063	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32310	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 collector or trustee empowered to execute this report as required by Chapter 617, 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 12/24/96 (904) 561-5030

CR2E034 (3/96)