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. Mortham

Secretary of State

DIVISION OF CORPORATIONS

THE VILLAGE OPTICIAN, INC.

Principal Place of Business Mailing Address								
5106 OCEAN BLVD. 5106 OCEAN BLVD. SARASOTA FL 34242 SARASOTA FL 34242								
OMMASO IN TO	Lyene					3. Date incorporated or Qualified 03/11/1993	3a. Date of Last Report 04/28/1995	
2. Principal P	lace of Business	2a. Mailing Ad	ddress			4. FEI Number 65-0408045	Applied For Not Applicable	
21	A -1-	26 Suite. Apt	# etc				\$8.75 Additional	
Suite, Apt	#, etc	27	.,			5. Certificate of Status Desired	Fee Required	
City & State	e	F	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23		28		Country		This corporation has liability for		
Zip	Country [25]	Zıp 29		30	,	Florida Statutes	Yes No	
24	9. Name and Address of Cui		nt			10. Name and Address of New Re	egistered Agent	
10	ONES, WILLIAM V			81	Name			
1880 ARLINGTON ST.				82	82 Street Address (P.O. Box Number is Not Acceptable)			
SA	VRASOTA FL 34239			83				
							85 Zip Code	
				84	1 - 1	poration submits this statement for the prior's board of directors. Thereby acceptions	FL	
SIGNATURE.	Signature (special prior of the original of the potential of Till CERS	dagent and the dappt cable	(0.5)	1 Hog deres A	jent signař ze ředo	ADDITIONS/CHANGES TO OFF		
12.	O-TIGERS	AND DIRECTORS	DELETE	1 1 TITLE			Change Addition	
NAME	JONES, SHIRLEY A			1.2 NAME	•		•	
STREET ADDRESS				13STAF	et addimess			
CITY-ST-ZIP	SARASOTA FL 34242		DELETE	1.4 CITY	ST-2.P		Change Addition	
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STREET ADDRESS CITY - ST - ZIP				2.4 011 Y	-SI-ZIP			
TITLE			DELETE	3 1 111.6			Change Addition	
NAME				3.2 NAM				
STREET ADDRESS	5				ET ADURESS			
CITY-ST-ZIP			DELETE	3.4 UIIY 4.1 TiTus	- ST - 21P		Change Addition	
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STREET ADDRESS	s			4 3 STRE	E1 ADDRESS			
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NAME				5 2 NAM				
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STREET ADDRES	s l			635IR	EET ADDRESS			
CITY-ST-7IP				6.4 CB1	r - S1 - ZIP			

14. I do hereby certify that the information supplied with this filling 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 logal offect as if further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same logal offect as if made under oath, that I am an officer or director of the receiver 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICEFOR DIRECTOR

Dignitive And Type Or PRINTED NAME OF SIGNING OFFICEFOR DIRECTOR

a rannang dia nakan ding bang makil abdir abda hidia dbibi abda hidia 1816, 1816 hidia 1816 hidia