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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000037128 (4)

1. Corporation Name

G.H.M. OPTICAL, INC.



Principal Place of Business

Mailing Address

5030 CHAMPION BLVD  
B3  
BOCA RATON FL 33486  
US

575 NW 5 AVE  
BOCA RATON FL 33486

3. Date Incorporated or Qualified

05/21/1993

3a. Date of Last Report

04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 575 NW 5 AVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27 City & State

23 BOCA RATON

28

Zip

Country

Zip

Country

24 33486

25

PALE BEACH

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAPPAJOHN, GLORIA  
575 NW 5 AVE  
BOCA RATON FL 33486

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 I accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE

*Gloria Pappajohn*  
Signature (typed or printed name of registered agent and not applicable)

GLORIA J PAPPAJOHN

(NOTE: Registered Agent signature required when re-registering)

1/21/96  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	PAPPAJOHN, GLORIA J	575 NW 5 AVE	BOCA RATON FL 33486	<input type="checkbox"/>
D	MARSH, HARRY	575 NW 5 AVE	BOCA RATON FL 33486	<input type="checkbox"/>
D	PETREY, MARY J	5294 STONEYBROOK DR	BOYNTON BEACH FL 33487	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLORIA J PAPPAJOHN

407-393-0610

1/21/96

Daytime Phone #

CR2E034 (12/95)