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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000045765 (3)

MY OPTICS, INC.

FILED May 13 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 329 N. ORANGE AVE. ORLANDO FL 32801 US P. O. BOX 538482 ORLANDO FL 32801 US			2			
••				3. Date Incorporated or Qualified 06/21/1993	3a. Date of Last F 08/09/1996	Report
1	Place of Business	2a. Mailing Address		4. FEI Number		oplied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-3194152		ot Applicable Additional
22	. п. сто.	27		5. Certificate of Status Desired	11 7 -	Additional aguired
City & Stal	te	City & State		8. Election Campaign Financing	\$5.00	May Be
23	· · · · · · · · · · · · · · · · · · ·	28		Trust Fund Contribution	☐ Added	to Fees
Zip Til	Country	Zip	Country	8. This corporation has liability for in		199.032,
24	25 9. Name and Address of Curi	29 rent Registered Agent	30	Florida Statutes 10. Name and Address of New Reg	Yes No	
DC4	ISE, WILLIAM		81 Name	18t tamila min undergad ht sign tig	i-a-nian uitain	
	O CHRISTY AVE.		. []	ress (P.O. Box Number is Not Acceptable	<u> </u>	
	LANDO FL 32803		82 Street Add	ress (P.O. Box Number is Not Acceptable	(e)	
			83			
			84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip	Code
					FL	
	am tamiliar with, and accept the ob	ligations of, Section 607.0505, I		poration submits this statement for the particular points board of directors. I hereby accept	122/07	
agent Tr SIGNATURE 12.	Signar is a typed or printed harne of registered	Klas	Florida Statutes. WIII IA M OTE: Registered Agent signature requ 13.	rease 4	23/97 DATE 97	
SIGNATURE	Signet ve types or printed name of registered OFFICERS	agent and trie if applicable. (No	WIIIIAM OTE: Registered Agent signature requ	Jred when reinslating)	23/97 DATE 97	
SIGNATURE 12. TIDEE NAME	Signer ve types or printed name of registered OFFICERS / D PEASE, WILLIAM	agent and this if applicable. (NO	OTE: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME	Jred when reinslating)	23/97 ERS AND DIRECTOR	RS IN 12
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4. 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 this segonation or the receiver or the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if that grid, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97

(AU)245-7800

0097601