

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO STATE: \$750.)

FILED
Sep 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000007211 (3)**

1. Corporation Name
VISIONWORKS, INC.

Principal Place of Business

**C/O EYE CARE CENTERS OF AMERICA. ACCTS PAY
11103 WEST AVENUE
SAN ANTONIO TX 78213
US**

Mailing Address

**P. O. BOX 17660
CLEARWATER FL 34622
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		01/27/1994		02/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3226331		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30				

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BULL, WILLIAM			1.2 NAME	BERNARD ANDREWS		
STREET ADDRESS	2310 A-Z PARK RD.			1.3 STREET ADDRESS	11103 WEST AVENUE		
CITY-ST-ZIP	LAKELAND FL			1.4 CITY-ST-ZIP	SAN ANTONIO, TX 78213		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GREEN, WILLIAM S			2.2 NAME	MARK PEARSON		
STREET ADDRESS	TWELVE PIEDMONT CENTER #210			2.3 STREET ADDRESS	11103 WEST AVENUE		
CITY-ST-ZIP	ATLANTA GA 30305			2.4 CITY-ST-ZIP	SAN ANTONIO, TX 78213		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCLEAN, BARY			3.2 NAME	DOUG SHEPARD		
STREET ADDRESS	TWELVE PIEDMONT CENTER #210			3.3 STREET ADDRESS	11103 WEST AVENUE		
CITY-ST-ZIP	ATLANTA GA 30305			3.4 CITY-ST-ZIP	SAN ANTONIO, TX 78213		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PARK, LARENCE			4.2 NAME	ROHIT M. DESAI		
STREET ADDRESS	2950 SURRY LANE			4.3 STREET ADDRESS	11103 WEST AVENUE		
CITY-ST-ZIP	FT. LAUDERDALE FL 33331			4.4 CITY-ST-ZIP	SAN ANTONIO, TX 78213		
TITLE	PO	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERSON, RICHARD W.			5.2 NAME			
STREET ADDRESS	13830 58TH ST. N.			5.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			5.4 CITY-ST-ZIP			
TITLE	C	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WAHLEN, EDWIN A JR			6.2 NAME			
STREET ADDRESS	TWELVE PIEDMONT CIRCLE #210			6.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			6.4 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:

CR2E034 (4/97)