

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000017437 (1)**

1. Corporation Name
OPTICAL DEPOT IV, INC.



Principal Place of Business 2020 N.E. 163RD ST. SUITE 300 NORTH MIAMI BEACH FL 33162	Mailing Address 2020 N.E. 163RD ST. SUITE 300 NORTH MIAMI BEACH FL 33162
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 17011 W. Dixie Hwy Suite, Apt. #, etc.		2a. Mailing Address 26 17011 W. Dixie Hwy Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/02/1995
22 North Miami Beach FL City & State		27 N. Miami Beach, FL City & State		4. FEI Number 65-0564637
23 33160 Zip		28 US Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 33160 Zip		25 US Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
26 33160 Zip		27 US 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

9. Name and Address of Current Registered Agent

WALDE, SHERRY
2020 N.E. 163RD ST.
SUITE 300
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name WALDE, SHERRY
82 Street Address (P.O. Box Number is Not Acceptable) 17011 W. Dixie Hwy
83
84 City N. Miami Beach
85 Zip Code FL 33160

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 **Sherry Walde Sherry Walde** DATE **4-23-98**
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALDE, SHERRY		1.2 NAME	
STREET ADDRESS 2020 NE 163RD STREET #300		1.3 STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI BEACH FL		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: **Sherry Walde Sherry Walde** DATE **4-23-98** PHONE **954-466-8100**
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0228878

CR2E034 (10/97)