

**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 REINSTATE: \$750.)**

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 97 JUL 24 AM 8:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000014940 (6)
 1. Corporation Name
OPHTHALMIC TESTING SERVICES, INC.



Principal Place of Business 1609 S.W. 5TH PLACE FT. LAUDERDALE FL 33312	Mailing Address 1609 S.W. 5TH PLACE FT. LAUDERDALE FL 33312
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	30 Zip

3. Date Incorporated or Qualified 02/16/1996	3a. Date of Last Report
4. FEI Number 165-0642409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BEEBE, CHRISTINE A
1609 S.W. 5TH PLACE
FT. LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BEEBE, CHRISTINE A
STREET ADDRESS	1609 S.W. 5TH PLACE
CITY-ST-ZIP	FT. LAUDERDALE FL 33312
TITLE	D <input type="checkbox"/> DELETE
NAME	BEEBE, TIMOTHY B
STREET ADDRESS	1609 S.W. 5TH PLACE
CITY-ST-ZIP	FT. LAUDERDALE FL 33312
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	100002252881 -- 3
3.3 STREET ADDRESS	-07/30/97--01094--012
3.4 CITY-ST-ZIP	***165.00 ***165.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

CR2E034 (4/97)

Ophthalmic Testing Services, Inc.

1609 S.W. 5th Place, Ft. Lauderdale, Florida 33312
Telephone: (954) 527-1644

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July 18, 1997

Sandra B. Mortham
Secretary of State
Division of Corporations
PO Box 1500
Tallahassee, Florida 32302-1500

Dear Ms. Mortham:

Enclosed, please find my 1997 Profit Corporation Annual Report.

I am enclosing a check in the amount of \$165.00 instead of \$550.00, since the enclosed notice is not the second notice I received, but the first. I therefore do not believe I should be charged a late fee in the amount of \$385.00, since there was no way I could have filed this on time without the proper notice.

Thank you for your consideration in this regard.

Sincerely,



Christine A. Beebe
President