

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000032082 (5)

1. Corporation Name

SPECTERA VISION SERVICES OF FLORIDA, INC.



Principal Place of Business

2811 LORD BALTIMORE DR.
BALTIMORE MD 21244

Mailing Address

2811 LORD BALTIMORE DR.
BALTIMORE MD 21244

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1994

4. FEI Number

52-1780178

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

KATZ, KUTTER, HAIGLER, ALDERMAN, DAVIS, MA
RKS & RUTLEDGE, P.A.
108 E. COLLEGE AVE., SUITE 1200
TALLAHASSEE FL 32301

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 to provide name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP
NAME CAMP, OSCAR B MD
STREET ADDRESS 7560 FAIRMONT CT.
CITY-ST-ZIP BOCA RATON FL

TITLE D
NAME HUNTER, JON
STREET ADDRESS 1123 BRIARCLIFF RD., NE
CITY-ST-ZIP ATLANTA GA 30306

TITLE STD
NAME SEDNEY, BLAISE C
STREET ADDRESS 105 COLVARD COURT
CITY-ST-ZIP FOREST HILL MD

TITLE VD
NAME MANCHIO, LAURENCE A
STREET ADDRESS 5300 DURHAM RD
CITY-ST-ZIP COLUMBIA MD

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD
1.2 NAME HALL, DAVID T
1.3 STREET ADDRESS 134 STARHILL ROAD
1.4 CITY-ST-ZIP BALTIMORE, MD 21228

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE PD
4.2 NAME MANCHIO, LAURENCE A
4.3 STREET ADDRESS 5300 DURHAM RD
4.4 CITY-ST-ZIP COLUMBIA, MD 21044

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

[Signature] 4/28/98

CP2E034 (10/97)