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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Jan 24 1997 8:00am

Secretary of State

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DIVISION OF CORPORATIONS

DOCUMENT # P96000039760 (9)

GRAND OPTICAL OF SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address 5496 NW 41ST TERRACE 5496 NW 41ST TERRACE **BOCA RATON FL 33496** BOCA RATON FL 33496-2736 3a. Date of Last Report 3. Date Incorporated or Qualified 05/03/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \mathbf{Z} Trust Fund Contribution Added to Fees 23 28 Country Zip Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FRIDMAN, ESTHER 5496 NW 41ST TERRACE Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33496** 83 City 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, typing or proved carrin of registered agent and tille if appropriate (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition THUE 1.1 TITLE FRIDMAN, RUBEN C 1.2 NAME NAME 5496 NW 41ST TERRACE 13 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496** 14 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE NAME 22 NAME 23 STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TiTLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE Change TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP City-St-7iP 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 12 if changed, or on an alteratinent with an address.

Rubon C. Fred mon 1-11.97