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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 14 1997 8:00am

Secretary of State

Change

Adortion

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000090590 (6)

HYATT OPTICAL, INC.

TITLE

NAME

STREET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13

Principal Place	of Business	Mailing Address					
5404 ALOHA DR ST. PETERSBUR	IVE G BEACH FL 33706	5404 ALOHA DRIVE ST. PETERSBURG BEACH FL	33706-2317		·		
					3. Date Incorporated or Qualified 11/05/1996	3a. Date of Last	Report
2. Principal Pla 21 2997	ace of Business Tyronc Blud	2a. Mailing Address 26 2997 Tyron	c Blu	d	4. FEI Number		Applied For Not Applicable
Suite, Apt. 4	#, etc.	Suite, Apt. #, efc.			5. Certificate of Status Desired		Additional Required
City & State	etersburg, Fl	City & State	119 IF	=1	6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip 24] 337		zip 29 33710 30	Pincl	las_		Yes No	r s. 199.032,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	Jistered Agent	
BOW	MAN, JOHN N CPA		81 Na	me			i
1636 FIRST AVENUE NORTH ST. PETERSBURG FL 33713				82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
			84 Ci			er 7	ip Code
			04 CI	ıy		FL 85 Zi	b code
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State on in familiar with, and accept the obligat	f Florida. Such change was auth	norized by the	med corpo corporation	pration submits this statement for the pron's board of directors. I hereby accep	urpose of changing t the appointment i	j its registered as registered
SIGNATURE	Signartice, typical or printed name of registance agent	ano titie il applicable (NOTE: R	egistered Agent sig	nature require	d when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
TITLE		DELETE	1.1 TITLE	7		☐ Chang	e Addition
NAME			1.2 NAME	An	ny Bryan		
STREET ADDRESS			1.3 STREET ADDR	ESS 54	104 Aloha Drive		
CITY - ST - ZIP			1.4 CITY-ST-ZIP	ST	· Petersburg Beach	1. Fl 337	06
TITLE		DELETE	2.1 TITLE	3	5/T J	Chang	e Addition
NAME			2.2 NAME	190	andra J. Thoma	,	
STREET ADDRESS			2.3 STREET ADDR	iess 8	018 Smoketree ct		
CITY - ST - ZIP			2 4 CITY-ST-ZI		argo, FI 33773	19.1	
TITLE		DELETE	3.1 TITLE			☐ Chang	pe 🔲 Addition
NAMÉ .			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDI	IESS			
CITY-ST-ZIF			3.4. CITY-ST-ZII	,			
TITLE		☐ DELETE	4.1 TITLE			☐ Chang	ge 🔲 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADD	ess			
CITY-ST-7IP			4.4 CITY - ST - ZIP				
THLE		DELETE	5.1 TITLE			Chang	e Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADD	RESS			

54 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

14. If 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

61 TITLE

62 NAME

DELETE