


FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000090590 (6)

1. Corporation Name
HYATT OPTICAL, INC.

Principal Place of Business
2997 TYRONE BLVD.
ST PETERSBURG FL 33710
US

Mailing Address
2997 TYRONE BLVD.
ST PETERSBURG FL 33710
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/05/1996	4. FEI Number APPLIED FOR 59-3439000	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10. Name and Address of New Registered Agent		

2. Principal Place of Business 21 6800 Gulfport Blvd Ste 219 City & State St. Petersburg, FL Zip 33707 Country USA	2a. Mailing Address 27 6800 Gulfport Blvd Ste 219 City & State St. Petersburg, FL Zip 33707 Country USA
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9. Name and Address of Current Registered Agent BOWMAN, JOHN N CPA 1636 FIRST AVENUE NORTH ST. PETERSBURG FL 33713	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 Sandra B. Morton DATE 4/6/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, AMY	1.2. NAME	
STREET ADDRESS	5404 ALOHA DRIVE	1.3. STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG BEACH FL	1.4. CITY-ST-ZIP	
TITLE	ST	2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMA, SANDRA J	2.2. NAME	
STREET ADDRESS	8018 SMOKETRE COURT	2.3. STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4. CITY-ST-ZIP	
TITLE		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		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		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		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: Sandra B. Morton DATE 4/6/98 813-384 9441

CR2E034 (10/97)