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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000104084 (4)

INTERNATIONAL VISION SERVICES, INC.

Principal Place of Business

Mailing Address

FILED Apr 16 1997 8:00am Secretary of State



2. Principal flace of flueness			
Suite. Apt. #, cic. City & State Country Adde Zp Country B. This corporation has liability for intergible by x under Florida Statuties in John Management of the provisions of State	Date of Last Report		
Suite. April #, otc. Suite. April #, otc. Suite. S	pplied For		
Suite, Apri #, etc. Suite	ot Applicable		
City & State City & State City	\$8.75 Additional Fee Required		
Zip Country Zip Country Zip Country B. This corporation has lability for intengable tax under 24 25 29 30 Find Statutes \ Priorida Statutes \ Prio	\$5.00 May Be Added to Fees		
D. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 B2 Street Address (P.O. Box Number is Not Acceptable) B3			
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zity 85 Zity			
AMERIA AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zither Address (P.O. Box Number is Not Acceptable) 85 86 87 88 88 88 88 88 89 89 80 80 80			
CORAL GABLES FL 33134 83 84 City FL 85 Zi 71. Pursuant to the provisions of Sections 607 0502 and 607,1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing or control of the corporation of the provisions of Section 607,5505, Florida Statules, the above-named corporation submits this statement for the purpose of changing or agent. I can familiar with, and accept the obligations of, Section 607,5505, Florida Statules, the above-named corporation submits this statement for the purpose of changing or agent and to a supplication of the corporation's board of directors. I hereby accept the appointment agent and to a supplication of the corporation's board of directors. I hereby accept the appointment agent and to a supplication. SIGNATURE SIGNA			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment of agent in an internal submits and accept the obligations of, Section 607.0505, Floridal Statutes. SIGNATURI Tart familiar with, and accept the obligations of, Section 607.0505, Floridal Statutes. SIGNATURI Tart familiar with, and accept the obligations of, Section 607.0505, Floridal Statutes. Internal submits and secret the provisions of Sections 607.0505, Floridal Statutes. Internal submits and secret the provisions of Sections 607.0505, Floridal Statutes. Internal submits and secret the provisions of Sections 607.0505, Floridal Statutes. Internal submits this statement for the purpose of changing of the corporation's board of directors. I hereby accept the appointment of the purpose of changing of the corporation's board of directors. I hereby accept the appointment of the purpose of changing of the corporation's board of directors. I hereby accept the appointment of the purpose of changing of the corporation's board of directors. I hereby accept the appointment of the purpose of changing of the corporation's board of directors. I hereby accept the appointment of the purpose of changing of the corporation's board of directors. I hereby accept the appointment of the purpose of changing of the corporation's board of directors. I hereby accept the appointment of the purpose of appointment of the purpose of the provided and the provided appointment of the corporation's board of directors. I hereby accept the appointment of the purpose of the provided appointment of the corporation's board of directors. I hereby accept the appointment of the purpose of the provided appointment of the corporation's board of directors. I hereby accept the appointment of the purpose of the provided appoi	,		
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statules. SIGNATURE Signature typical or present name of represent agent and to or a applicable (NOTE: Represent Agent signature required when reinitating) OATE			
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statules. SIGNATURE Signature typical or present name of represent agent and to or a applicable (NOTE: Represent Agent signature required when reinitating) OATE	Code		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment of agent and accept the obligations of, Soction 607.0505, Florida Statuters. SIGNATURE Signalizer, specific printed name of regulated to ell applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE MAME SIRGET ADDRESS SIR	0000		
12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS THE PD SHOWDEN, FORREST SIRET ADDRESS STREET ADDRESS STORY SOUTHSIDE BOULEVARD, APT. 3314 JACKSONVILLE FL 32258 14 CITY-ST-ZIP TITLE STD DELETE 21 TITLE SARONER, RENITA 22 NAME STREET ADDRESS CITY-ST-ZIP TITLE 32258 TITLE 32258 TITLE 31 TITLE 23258 TITLE 32258 TITLE 34 CITY-ST-ZIP TITLE 32258 TITLE 3578 SOUTHSIDE BOULEVARD, APT. 3314 JACKSONVILLE FL 32258 TITLE 34 CITY-ST-ZIP TITLE 35 TO DELETE 31 TITLE CANDESS CITY-ST-ZIP TITLE 32258 TITLE 34 CITY-ST-ZIP TITLE 34 CITY-ST-ZIP TITLE 34 CITY-ST-ZIP TITLE 35 NAME STREET ADDRESS CITY-ST-ZIP TITLE 45 TITLE CANDESS CITY-ST-ZIP TITLE 55 TITLE CANDESS CITY-ST-ZIP TITLE 55 TITLE	registered		
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MAME 6.2 NAME			
STREET ADDRESS 6.3 STREET ADDRESS			
City SI-719 6.4 City-ST-71P			
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 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 is an 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	t the		