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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

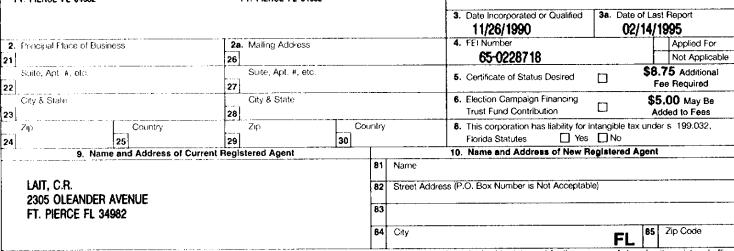
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HILLMOOR OPTICAL, INC.

Mailing Address

Principal Place of Business 2305 OLEANDER AVENUE FT. PIERCE FL 34982

2306 OLEANDER AVENUE FT. PIERCE FL 34982



11. Fursuant 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

SIGNATURE .	Segnature typical or perbail name of registrated agent and it	if applicable (NO)	E. Rogistered Agent signature required		
12.	OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
THEF	D	☐ DELETE	1. 1 TITLE	Change [Addition
NAME	LAIT, C.R.		1.2 NAME		
SPREET ADDRESS	2305 OLEANDER AVENUE		1.3 STREET ADDRESS		
CITY - ST - ZIP	FT. PIERCE FL		1.4 City - St - ZiP		
TillE	D	DELETÉ	2 1 THILE	Change [Addition
NAME	PERRI, SHARON		2.2 NAME		
STREET ADDRESS	2305 OLEANDER AVENUE		2 3 STREET ADDRESS		
CITY - S1 - 7IP	FT. PIERCE FL		2 4 CITY-ST-ZIP		
mu		DELETE	3 1 TITLE	Change [Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-SI-7-P			3.4 CITY - ST - ZIP		
TiflE		DELETE	4 1 TITLE	☐ Change ☐	Addition
NAME			4 2 NAME		
STHEET ADDRESS			4.3 STREET ADDRESS		
CHTY+ST+ZNP			4 4 CITY - ST - ZIP		,
TIT, f		☐ DELETE	5 1 TITLE	Change [Addition
NAMi			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
Cuty+St-20F			5 4 CITY - ST - ZIP		
TIFLE		☐ DELE1E	6 1 TITLE	Change [Addition
NAME			6.2 NAME		
STREET ADGRESS			63 STREET ADDRESS		
CITY-S1-ZIE			6 4 CITY-ST-ZIP		

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; 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:

CRLAIT 3/5/96

407. 465-0544