

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S21881 (5)

1. Corporation Name

ADVANTAGE OPTICS, INC.



Principal Place of Business

Mailing Address

% RICHARD SCHERER
5357 N.W. 35TH AVENUE
FORT LAUDERDALE FL 33309

% RICHARD SCHERER
5357 N.W. 35TH AVENUE
FORT LAUDERDALE FL 33309

3. Date Incorporated or Qualified

12/28/1990

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 1450 SW 3RD ST

26 1450 SW 3RD ST

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 Pompano Bch. FL

28 Pompano Beach, FL

Zip

Zip

Country

Country

24 33069

29 33069

25 USA

30 USA

9. Name and Address of Current Registered Agent

SALVIN, ALLAN
777 S FLAGLER DR
STE 310-E
W PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 typed or printed name of registered agent and the filer (if filer is not the registered agent)

(Signature Required) Agent signature required when needed (e.g., change of agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE 0 DELETE
NAME SCHERER, RICHARD
STREET ADDRESS 2077 CLASSIC DR
CITY- ST- ZIP CORAL SPRINGS FL

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DELETE
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CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard Scherer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/96 (954) 788-9688
Day/Date/Phone #

CR2E034 (3/96)