

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

**FILED**  
**Jun 10 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthahn</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S42824 (0)**

1. Corporation Name  
**DISCOUNT OPTICS, INC.**



Principal Place of Business 4521 N. DIXIE HWY. BOCA RATON FL 33431 US	Mailing Address 4521 N DIXIE HWY BOCA RATON FL 33431-5029 US
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3. Date Incorporated or Qualified <b>03/29/1991</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0255783</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>6600 West Rogers Circle</b> Suite, Apt. #, etc. 22 <b>#9</b> City & State 23 <b>Boca Raton FL</b> Zip 24 <b>33487</b>	2a. Mailing Address 26 <b>6600 West Rogers Circle</b> Suite, Apt. #, etc. 27 <b>#9</b> City & State 28 <b>Boca Raton, FL</b> Zip 29 <b>33487</b>
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9. Name and Address of Current Registered Agent

**OPPER, NORMAN**  
**4521 N DIXIE HWY**  
**BOCA RATON FL 33431**

*New Address →*

10. Name and Address of ~~Current~~ Registered Agent

81 Name **OPPER, NORMAN**  
 82 Street Address (P.O. Box Number is Not Acceptable) **6600 WEST ROGERS CIRCLE**  
 83 **#9**  
 84 City **Boca Raton** FL 85 Zip Code **33496**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OPPER, NORMAN</b>	
STREET ADDRESS	<b>22128 WOODSET WAY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>18420 Longlake Drive</b>
1.4 CITY-ST-ZIP	<b>Boca Raton, FL 33496</b>

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 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, unchanged, or on an attachment with an address.

CR2E034 (9/96)

SIGNATURE \_\_\_\_\_ DATE **4-10-97**