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Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # S50851

1. Corporation Name
Sunshine optical Services Inc.

Principal Place of Business
3958 lAke WoRtH Road
LAKe WorTH, FloRida
33461

Mailing Address

2. Principal Place of Business	2a. Mailing Address
21 3958 lAke WorTH Rd	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 LAKe WorTH, Fl	City & State 28
Zip 24 33461 / Country 25 Palm Beach	Zip 29 / Country 30

3. Date Incorporated or Qualified: April 10th 1991
3a. Date of Last Report:
4. FEI Number: 65-0249633 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
Sharon Walling
4895 Neros DRive
Lake WorTH, Fl
33463

10. Name and Address of New Registered Agent
81 Name: RAndy Thomas Turley
82 Street Address (P.O. Box Number is Not Acceptable): 1030 NORTH "E" Street
83
84 City: LAKe WORTH FL 85 Zip Code: 33460

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] 3/27/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Treasurer	☑ DELETE	1.1 TITLE	President	☑ Change ☐ Addition
NAME	Sharon walling		1.2 NAME	Randy Turley	
STREET ADDRESS			1.3 STREET ADDRESS	1030 North "E" Street	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	LAKe Worth Fl 33460	
TITLE		☐ DELETE	2.1 TITLE	Vice President/treasurer	☐ Change ☑ Addition
NAME			2.2 NAME	Alicia Turley	
STREET ADDRESS			2.3 STREET ADDRESS	1030 North "E" Street	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	lAke Worth Florida 33460	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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 if changed, or on an attachment with an address.

SIGNATURE: [signature] Randy T Turley 3/27/97 (561)966-9369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

3/97