

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 09 1996 8:00 am
Secretary of State

DOCUMENT # **S63790** (7)

1. Corporation Name
EYE KNOW OPTICAL, INC.



Principal Place of Business	Mailing Address
KENDALL 117 SHOPPING CENTER 11750 NORTH KENDALL DRIVE MIAMI FL 33186	KENDALL 117 SHOPPING CENTER 11750 NORTH KENDALL DRIVE MIAMI FL 33186

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 07/02/1991	3a. Date of Last Report 02/09/1995
4. FEI Number 65-0270087	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WEISS, LORI S. 11750 NORTH KENDALL DRIVE MIAMI FL 33186				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 *Lori S. Weiss* 3/16/96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY- ST- ZIP
	PSD WEISS, LORI S. 11750 N. KENDALL DRIVE MIAMI FL						
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	25. TITLE	26. NAME	27. STREET ADDRESS	28. CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	29. TITLE	30. NAME	31. STREET ADDRESS	32. CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	33. TITLE	34. NAME	35. STREET ADDRESS	36. CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	37. TITLE	38. NAME	39. STREET ADDRESS	40. CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	39. TITLE	40. NAME	41. STREET ADDRESS	42. 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 included 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: *Lori S. Weiss* 4/1/96 305 271-3199

CR2E034 (12/95)