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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S98661

(9)

FASTLENS, INC.

Principal Place of Business

Mailing Address

2727 HOLLYWOOD BLVD HOLLYWOOD FL 33020 2727 HOLLYWOOD BLVD HOLLYWOOD FL 33020-482:

FILED May 02 1997 8:00am Secretary of State



HOLLYWOOD F	L 33020	HOLLYWOOD FL 33020-4	1821						
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-	ace of Business	2a. Mailing Address				4. FEI Number		Ĺ	Applied For
21		26			65-0301462			Not Applicat	
Suite, Ap1. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				Election Campaign Financing Trust Fund Contribution			.00 May Be
Zip	Country 26	7ip	Cou	ntry	,	This corporation has liability for in Florida Statutes	ntangible] Yes [der s. 199.032,
24	9. Name and Address of Curre		30]			10. Name and Address of New Re			
	ER, SOL			81	Name	10.	g.o.o.o.o.		
3501	N. KEYSER AVE.			82	Street Add	Iress (P.O. Box Number is Not Acceptab	le)		
VILL HOL	A 48 Lywood FL 33021			B3			· · · · · · · · · · · · · · · · · · ·		
				84	City			85	Zıp Code
					· ·		<u>FL</u>		
SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig square, typed or printed name of registered ag					poration submits this statement for the patients board of directors. I hereby acceptions when reinstating)	of the app	ointme	nt as registered
12.		ID DIRECTORS	13.	. M. (C	ar, squature regu	ADDITIONS/CHANGES TO OFFICE		DIREC	CTORS IN 12
TITLE	P	DELFTE	1,1 10	TLE	T			Ch	
NAME	ROSEFIELDE, ALAN P.		12 NA	AME					• —
STREET ADDRESS	2131 LAKE AVE		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	Miami Fl		1.4 01	TY-S	51 - ZIP				
TITLE	AS	DELETE	2111	TLF.				Ch	ange Additi
NAME	REYES, CARMEN T.		2.2 NA	AME					
STREET ADDRESS	1617 JEFFERSON AVE		2.3 SI	REET	ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL		2 4 C	ITY-S	\$1 - 7IP				
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NAME			3,2 NA						
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NAME			6.2 NA						. العداد وسي
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	•		_ E		IT-ZIP				
	ov certify that the information supplies	ed with this filing does not out				d in Section 119 07/3Vi) Florida Statutes	Lfurthor	cortif	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 eath; that ham 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, oron an attachment with an address.