

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 374983 (5)

1. Corporation Name

F.A. REICHERT OPTICIANS OF SOUTH MIAMI, INC.



Principal Place of Business

OF SOUTH MIAMI INC
5748 SUNSET DR
SOUTH MIAMI FL 33143

Mailing Address

OF SOUTH MIAMI INC
5748 SUNSET DR
SOUTH MIAMI FL 33143

3. Date Incorporated or Qualified

12/31/1970

3a. Date of Last Report

07/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REICHERT, F A
5748 SUNSET DR
SOUTH MIAMI, FL

81 Name

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

83

84 City

FL 85 Zip Code

33143

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 title if applicable

(NOTE: Registered Agent's signature required when not filing)

10 Apr 96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

REICHERT, CLARK H
6730 S.W. 76 TERR.
MIAMI FL

STREET ADDRESS

CITY-STATE-ZIP

TITLE

VP

☐ DELETE

NAME

REICHERT, RALPH F
229 HIGH POINT DR
VENICE FL

STREET ADDRESS

CITY-STATE-ZIP

TITLE

SD

☐ DELETE

NAME

REICHERT, EVELYN M
5595 S.W. 74 ST.
MIAMI FL

STREET ADDRESS

CITY-STATE-ZIP

TITLE

D

☐ DELETE

NAME

REICHERT, F A
5595 S.W. 74 ST.
MIAMI FL

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 Apr 96

305667-6213

Corporate Franchise

CR2E034 (12/95)