

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G90595** (1)  
1. Corporation Name  
**ALL EYES OPTICAL, INC.**



Principal Place of Business: **13688 STATE RD 84 DAVIE FL 33325**  
Mailing Address: **13688 STATE RD 84 DAVIE FL 33325**

3. Date Incorporated or Qualified <b>02/06/1984</b>	3a. Date of Last Report <b>03/28/1995</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	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

9. Name and Address of Current Registered Agent  
**SLATER, JULIETTE  
15838 W.STATE RD. 84  
SUNRISE FL 33326**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

I, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE
NAME	SLATER, JULIETTE	1.2 NAME
STREET ADDRESS	17300 SW 88 CT.	1.3 STREET ADDRESS
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE
NAME	SLATER, FLORENCE	2.2 NAME
STREET ADDRESS	17300 SW 88 CT.	2.3 STREET ADDRESS
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE
NAME	RICHARDS, RE'SHAW	3.2 NAME
STREET ADDRESS	491 RACQUET CLUB ROAD #305	3.3 STREET ADDRESS
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE
NAME	SLATER, JULIETTE	4.2 NAME
STREET ADDRESS	491 RACQUET CLUB RD #305	4.3 STREET ADDRESS
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

**600001788746**  
**-04/22/96--01046--012**  
**\*\*\*200.00**

*DEB*  
**4-21-96**

**4-5-96 (954) 7520989**  
Date Date of Filing

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)