PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G90 1. Corporation Name ALL EYES OPTICAL, INC.	595				
Principal Place of Business 13688 STATE RD 84 DAVIE FL 33325	Mailing Address 13688 STATE RD 84 DAVIE FL 33325				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
Principal Place of Business The Principal Place of Business	2a. Mailing Address				02/06/1984 4. FEI Number NOT APPLICABLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.		,		5. Certificate of Status Desired
City & State	City & State				6. Election Campaign Financing Trust Fund Contribution S Ac
Zip Country 25	Zip 29	30 C	ountry		8. This corporation owes the current year Intangible Personal Property Tax.
9. Name and Address o	f Current Registered Agent		81	Name	10. Name and Address of New Registered Agent
SLATER, JULIETTE 15838 W.STATE RD. 84			82	-	dress (P.O. Box Number is Not Acceptable)
SUNRISE FL 33326			83		
,			84	City	FL 85
 Pursuant to the provisions of Sections office or registered agent, or both, in the agent. I am familiar with, and accept the 	ne State of Florida. Such change was	s autnoriz	ea by	tne corporat	poration submits this statement for the purpose of changi ion's board of directors. I hereby accept the appointment
SIGNATURE Signature, typed or printed name of rec	intered appet and title if applicable (Ni	OTE: Panete	ed Acer	t signature requir	red when reinstating) DATE
	CERS AND DIRECTORS	1:	<u> </u>	. santono isquii	ADDITIONS/CHANGES TO OFFICERS AND DIR
TITLE D	☐ DELETE	11	TITLE		

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90081 034 ***150.00



Applied For

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□No

Not Applicable \$8.75 Additional

Signature, typed or printed name of registered apport and 1 tile if expiritated. INOTE: Registered Apport signature, typed or printed name of registered apport and 1 tile if expiritates. IT. OFFICERS AND DIRECTORS IT. S. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IT. S. ADDITIONS/CHANGES TO OFFICERS AND IN 12 IT. S. ADDITION	15838 W.STATE RD. 84 SUNRISE FL 33326			82	82 Street Address (P.O. Box Number is Not Acceptable)							
1. 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 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 office or registered agent and the if applicable. International Control of Provided Agent and the if applicable of Provided Agent algorithms required when reinstabled DATE				83								
17. Pursuant to the provisions of Sections 607.0502 and 607.1508, Findia Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, a both, in the State of Florida. Such change vasa authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and store of provision of 0.0505, Florida Statutes. International Company of the provisions of Sections of the purpose of Changing its registered of the purpose of Changing its registered of the purpose of Change		,		84	City			85 Zip C	Code			
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's located of directors. I netrolly eccept the appointment as registered agent agent. Lam familiar with, and accept the obligations of, Section 607:0050, Florida Statutes agent. The arms of registered agent agent agent. The arms of registered agent agent. The agent agent agent agent agent. The agent					<u> </u>							
Signature, types or printed name of registered appert and this if applicables. INCITE Registered Appert signature required when reinstating) INCITE Sequence Appert signature required when reinstating) INCITE Registered Appert signature required when reinstating) INCITE Registered Appert signature required when reinstating) INCITE Registered Appert signature required when reinstating) INCITE Appert Appert Signature required appert si	office or re	egistered agent, or both, in the State of Florida	a. Such change was aut	horized by	the corporati	poration submits this state ion's board of directors. I	ment for the p hereby accept	urpose of changing its the appointment as re	registered gistered			
TILE UP OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE P OFFICERS AND DIRECTORS 1.1 ITTLE 1.2 ITTLE 1.2 ITTLE 1.3 ITTLE	SIGNATURE							DATE				
THE P GUARIO, VITO J 12 MANE 138REFT ADDRESS 13688 STATE RD 84 138 STREET ADDRESS 14 CITY-ST-2P				<u> </u>	t signature requir		GES TO OFFI		RS IN 12			
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13 STREET ADDRESS DAVIE FL 14 CITY-ST-ZIP TITLE VP DELETE SLATE, JULIETTE 491 RACQUET CLUB RD #305 FT LAUDERDALE FL TILE ITTLE ITTLE AMME 32 NAME 33 STREET ADDRESS TITY-ST-ZIP TITLE AMME 43 STREET ADDRESS STRY-ST-ZIP TITLE AMME AM	ı	· •	- Dece 12					<u>.</u>				
DAVIE FL ITLE VP SLATE, JULIETTE SLATE, JULIETTE 491 RACQUET CLUB RD #305 FT LAUDERDALE FL TITLE JOHN ST. ZIP JOHN ST.	NAME											
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TILE	CITY-ST-ZIP			3.4. CITY-S	T-ZIP			·				
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TITLE	CITY-ST-ZIP			4.4 CITY-S	T-ZIP							
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				6.4 CITY-S	T-ZIP							
14. I 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 applied for the same legal effect as if made under oath; that I am an	14 I hereby o	pertify that the information supplied with this file	ing does not qualify for t	the exempti	on stated in	Section 119.07(3)(i). Flor	da Statutes. I i	further certify that the i	nformation			

occase and that my signature shall have the same legat effect as it made those dail, that I am all one caute this raport as required by Chapter 607, Florida Statutes; and that my name appears in all other like empoweded. indicated on this annual report of supplemental affindar report is the and accura-officer or director of the corporation or the receiver or trustee empowered to eve Block 12 or Block 3 if changed, or on an attachment with an address, with all o

SIGNATURE: