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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # .168056

**(7)** 

•	COAST EYE CARE, P. VE	Mailing Address	1 ·/\					
1550 RIVERSIDE AVE. JACKSONVILLE FL 32204		1550 RIVERSIDE AVE	1550 RIVERSIDE AVE. JACKSONVILLE FL 32204-4125					
					3. Date Incorporated of 04/20/1987	r Qualified	3a. Date of Last 04/23/1996	Report
	lace of Business	2a. Mailing Address	3		4. FEI Number		<del>}</del>	pplied For
21 Suite, Apt	# etc	26			59-2795152			lot Applicable
22]	π, οιο	27	•		5. Certificate of Status	Desired		Additional Required
City & Stat	(f)	City & State			6. Election Campaign	Financipo		May Be
23		28			Trust Fund Contribu	-		to Fees
Ζφ	Country	Zφ	Cou	ntry	8. This corporation has		angible tax under	s. 199.032,
4	25	29	30		Florida Statutes		Yes No	
	9. Name and Address of Cu	rrent Registered Agent		81 Name	10. Name and Address	of New Beg	istered Agent	
	D, KATHLEEN, HOLBROOK							
	1 INDEPENDENT SQUARE KSONVILLE FL 32202			B2 Street	Address (P.O. Box Number is N	lot Acceptable	e)	
JAC	VOOUALITE LE 25505		•	83		<del></del>		
				64 City			FL  85   Zip	Code
11. Pursuant office or i agent if a	to the provisions of Sections 607 registered agent, or both, in the sam familiar with, and accept the c	7.0502 and 607.1508, Florida State of Florida. Such change obligations of, Section 607.05	Statutes, the at was authorized 05, Florida Stat	cove-named by the corr utes.	corporation submits this statem poration's board of directors. I h	nent for the pu nereby accept	rpose of changing the appointment a	its registered s registered
11. Pursuant office or agent Ta SIGNATURE	am fam har with, and accept the c	obligations of, Section 607.05	05, Florida Stat	utes.	corporation submits this statem noration's board of directors. I h required when reinstating)  ADDITIONS/CHANGE		DATE	
agent La SiGNATURE 12.	am fam har with, and accept the c	obligations of, Section 607.05	05, Florida Stat (NOTE Registered	utes. Agent signature	required when reinstating)		DATE	RS IN 12
agent La SIGNATURE 112.	Bigen see by stee pulled name of register OFFICERS PD JONES, P. VERNON	obligations of, Section 607.05	(NOTE Angistered	Agent signature	required when reinstating)		DATE ERS AND DIRECTO	RS IN 12
agent Fa SIGNATURE 112. DILE NAME	Dispute the description of register OFFICERS  PD  JONES, P. VERNON  1550 RIVERSIDE AVE	obligations of, Section 607.05	(NOTE Registered   13,	utes.  Agent signature	required when reinstating)		DATE ERS AND DIRECTO	RS IN 12
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SIGNATURE:

NATURE HO LIBER OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/97 (904) 355 2654

**FILED** 

May 12 1997 8:00am

Secretary of State

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