

NEW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

95 JAN 24 PM 4: 22

DOCUMENT # **M14300 (1)**
1. Corporation Name
SOUTH FLORIDA VISION SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



000001708310
-02/06/96--01109--005
***200.00 ***200.00

Principal Place of Business: 1291 S POWERLINE RD. POMPANO BCH. FL 33069
Mailing Address: 1291 S POWERLINE RD. POMPANO BCH. FL 33069

3. Date Incorporated or Qualified: 04/23/1985
3a. Date of Last Report: 01/13/1995

21	22	23	24	25	26	27	28	29	30	4. FEI Number	Applied For
1291 S. Powerline Rd.		Pompano Beach	33069	Broward	same		FL		Broward	59-2519226	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required											
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Additional											
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											

9. Name and Address of Current Registered Agent
**COPPOLA, PATRICE M.
7916 SHENANDOAH LANE
PARKLAND FL 33087**

10. Name and Address of New Registered Agent
81 Name: **Patrice M. Coppola**
82 Street Address (P.O. Box Number is Not Acceptable): **South FL Vision Centers**
83 **1291 S. Powerline Road**
84 City: **Pompano Beach FL** 85 Zip Code: **33069**

11. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPPOLA, ROBERT C.	1 2 NAME	
STREET ADDRESS	1291 S POWERLINE ROAD	1 3 STREET ADDRESS	
CITY- ST- ZIP	POMPANO BEACH FL	1 4 CITY- ST- ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPPOLA, PATRICE	2 2 NAME	
STREET ADDRESS	1291 S POWERLINE ROAD	2 3 STREET ADDRESS	
CITY- ST- ZIP	POMPANO BEACH FL	2 4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY- ST- ZIP		3 4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY- ST- ZIP		4 4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY- ST- ZIP		6 4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify 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 oath; that I am 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, or on an attachment with an address.

SIGNATURE: **Patrice M. Coppola** 1/17/96 (954) 977-6636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)