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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M31215

RUSH O	PTICAL, INC.				
Principal Place	e of Rusiness	Mailing Address		-	RIGHT BIBLL BIBLL BIBLL BIBLL 1881
C/O MAURICE W. GILBERT 1644 N.E. 164TH STREET N. MIAMI BEACH FL 33162 C/O MAURICE W. GILBERT 1644 N.E. 164TH STREET N. MIAMI BEACH FL 33162				DO NOT WRITE IN THIS SPACE	
}				3. Date Incorporated or Qualifed	
~				04/29/1986	AE-d Fan
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
21 Suite, Apt.	# ata	Suite, Apt. #, etc.		59-2674834	\$8.75 Additional
22 Suite, Apr.	#, e tc.	27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23	· · · · · · · · · · · · · · · · · · ·	28		Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip / 30	Country	This corporation owes the current year In Personal Property Tax.	tangible ☑Yes □No
24]	9. Name and Address of Current		<u>,</u>	10. Name and Address of New Registered	Agent
1			81 Name		
	BERT, MAURICE W.		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
1644 N.E. 164TH STREET N. MIAMI BEACH FL 33162			83		
	-				as Zin Codo
	•		84 City	Fl	- 1
l office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was auth	orized by the corporation	ration submits this statement for the purpose on's board of directors. I hereby accept the apport	f changing its registered intment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signature required	when reinstating) DATE	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	•	☐ Change ☐ Addition
NAME	GILBERT, MAURICE W.		1.2 NAME		
STREET ADDRESS	1644 N.E. 164TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		□ priett	2. 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE	•	Country Dyoung
NAME			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS	{·		3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME		-	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-\$T-ZIP	1.				
	l		5.4 CITY-ST-ZIP		
TITLE	1	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE NAME		☐ DELETE			☐ Change ☐ Addition

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 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 of 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 of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP