

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90092 023 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P93000061923**

1. Corporation Name
URBAN EYE CARE INC. OF LAKELAND



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3800 U.S. 98 NORTH
 SUITE 518
 LAKELAND FL 33805**

Mailing Address
**3800 U.S. 98 NORTH
 SUITE 518
 LAKELAND FL 33805**

3. Date Incorporated or Qualified
09/03/1993

2. Principal Place of Business
21 6068 APOPKA VINELAND RD

2a. Mailing Address
26 6068 APOPKA VINELAND RD

4. FEI Number
59-3201089

Suite, Apt. #, etc.
22 SUITE 10

Suite, Apt. #, etc.
27 SUITE 10

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23 ORLANDO, FLORIDA

City & State
28 ORLANDO, FLORIDA

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip
24 32819

Zip
29 32819

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**URBAN, PETER
 3800 U.S. 98 NORTH
 SUITE 518
 LAKELAND FL 33805**

10. Name and Address of New Registered Agent
**81 Name PETER URBAN
 82 Street Address (P.O. Box Number is Not Acceptable) 6068 APOPKA VINELAND RD SUITE 10
 83 SUITE 10
 84 City ORLANDO, FLORIDA FL 85 Zip Code 32819**

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 *Peter Urban* **PETER URBAN PRESIDENT** **4-29-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URBAN, BRENDA	1.2 NAME PETER URBAN
STREET ADDRESS	1530 BROKEN ARROW TRAIL N	1.3 STREET ADDRESS 6068 APOPKA VINELAND RD. SUITE 10
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP ORLANDO FLORIDA 32819
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URBAN, PETER	2.2 NAME BRENDA URBAN
STREET ADDRESS	1530 BROKEN ARROW TRAIL N	2.3 STREET ADDRESS 6068 APOPKA VINELAND RD. SUITE 10
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP ORLANDO FLORIDA 32819
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 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 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, with all other like empowered.

SIGNATURE: *Peter Urban* **PETER URBAN PRESIDENT** **4-29-99**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)