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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000050171

1. Corporation Name

Principal Place of Business	Mailing Address
10327 ROYAL PALM BLVD	10327 ROYAL PALM BLVD
CORAL SPRINGS FL 33065	CORAL SPRINGS FL 3306

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90082 050 ***150.00

A & C V	ISION CARE INC.								
Principal Place	e of Business	Mailing Address				-	IDIDI DIKLI BUKUT KUNT	10841 1141 1681	
10327 ROYAL PALM BLVD CORAL SPRINGS FL 33065 10327 ROYAL PALM BLVD CORAL SPRINGS FL 33065			DO NOT WRITE IN T	HIS SPACE					
						3. Date Incorporated or Qualifed			
						07/01/1994	·		
2. Principal P	lace of Business	2a. Mailing Address			n	4. FEI Number	<u> </u>	plied For -	
21		26				65-0503485		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	Additional equired	
City & Stat	e	City & State	_			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Coun	try		8. This corporation owes the current year			
24	25		30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	t Registered Agent		81	Name	10. Name and Address of New Registe	ieu Agein	<u></u>	
BALI	MORI, CHRISTINE		L			(D.O. D. Alivaharia Nat Assessable)			
	7 ROYAL PALM BLVD		'	82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
COR	AL SPRINGS FL 33065		[1	83					
			ļ.	84	City		85 Zip	Code	
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statute	s, the abo	L ove-	named corpo	ration submits this statement for the purpos	e of changing its	registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	ithorized I	DV U	ne corporation	is board of directors, i hereby accept the a	ppointment as re	gistered	
SIGNATURE	(hristing !	salmon_			signature required	2-6	<u> </u>		
12.	Signature, typed or printed name of registered agen OFFICERS AN	D DIRECTORS	13.	yon:	signature required	ADDITIONS/CHANGES TO OFFICERS		DRS IN 12	Q,
TITLE	Р	☐ DELETE	11 TITL	.E			☐ Change	Addition	1
NAME	BALMORI, ABRAHAM		1.2 NAM	Æ					5
STREET ADDRESS	10327 ROYAL PALM BLVD		1.3 STR	REETA	NDORESS	•			Ļ
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY	Y-ST-	ZIP		,	- Addition	Ì
TITLE	VP	☐ DELETE	2.1 TITL	Æ			☐ Change	☐ Addition	
NAME	BALMORI, CHRISTINE		2.2 NAM						
STREET ADDRESS	10327 ROYAL PALM BLVD				ADDRESS =				
CITY-ST-ZIP	CORAL SPRINGS FL	□ DELETE	2. 4 CIT		-ZIP		☐ Change	☐ Addition	
TITLE		L] VECETE					☐ Gridings		
NAME			3.2 NAM		anaree.				
STREET ADDRESS			3.4. CIT		ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITL		· ZIF		☐ Change	Addition	
NAME		_	4. 2 NAJ					•	
STREET ADDRESS				REETA	ADDRESS				
OTTLE TIEST			4.3 STR						
CITY-ST-7IP	1		4.3 STR		ZIP	·	· ·		
CITY-ST-ZIP TITLE		☐ DELETE		Y-ST-	ZIP	· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	
		☐ D€LETE	4.4 CITY	Y+ST- LE	ZIP		☐ Change	Addition	
TITLE		☐ DELETE	4.4 CITY 5.1 TITL 5.2 NAM	Y-ST- LE ME	ZIP ADORESS		☐ Change	☐ Addition	
TITLE NAME			5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY	Y-ST- LE ME REET A Y-ST-	ADDRESS	· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS		☐ DELETE	5.1 TITL 5.2 NAM 5.3 STR 5.4 CITA 6.1 TITL	Y-ST- LE ME REET A Y-ST- LE	ADDRESS		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY 6.1 TITL 6.2 NAM	Y-ST- LE ME REET A Y-ST- LE ME	ADDRESS				

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 changes on an attachment with an address, with all other like empowered.

SIGNATURE: