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

FILED Feb 28 1997 8:00am Secretary of State

ANIMAL	MENT # V45152 EYE CARE, INC.				· · · · · · · · · · · · · · · · · · · 				
Principal Place of Business Mailing Address 3807 BOND PLACE PO BOX 49677 SARASOTA FL 34232 SARASOTA FL 34230-6677			,				K 44 0 1444 0 14	tii atati aidi	, 91811 1681
						3. Date Incorporated or Qualified 06/22/1992	-	te of Last 6/1996	Report
	Place of Business	2a. Mailing Address			········	4. FEI Number			Applied For
Suite, Apt	# or	Suite, Apt. #, etc.				65-0345125			lot Applicable Additional
22	m, Clu.	27				5. Certificate of Status Desired			Required
City & Sta	10	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zıpı 24	Country 25	7 ip	30 Co	untry	,		Yes [] No	s. 199.032,
	9. Name and Address of Curre	nt Registered Agent		61	Name	10. Name and Address of New Reg	Istered A	gent	
	PATTERSON, JOHN								
46 N. WASHINGTON BLVD. #1 SARASOTA FL 34236				82	Street Add	Address (P.O. Box Number is Not Acceptable)			
OAII	MOOTH IE STEED			83					
				84	City			85 Zip	Code
	The second secon			l		rporation submits this statement for the pu ation's board of directors. I hereby accept	FL		
SIGNATURE	am familiar with, and accept the oblig Seguinal superior production of registred at OFFICERS AT			ed Age		uired when roinstaling) ADDITIONS/CHANGES TO OFFICE			
THLE	D	DELETE	1.11	TITLE				Change	Addition
NAME	PATTERSON, JOHN		- 1	NAME					
STREET ADDRESS	46 N. WASHINGTON BLVD SARASOTA FL				ADDRESS				
CITY+ST-ZIP TITLE	P	DELETE		CITY - S FITLE	51-21			Change	Addition
NAME	SALISBURY, M A		2.21	NAME	- [
STREET ADDRESS	3807 BOND PLACE		23	STREET	ADDRESS				
CITY - S1 - 7IP	SARASOTA FL 34232	DELETE			ST-ZIP			Change	- I delition
TILLE NAME		ال مورداد		TITLE Name				Change	Addition
STREET ADDRESS					ADORESS				
CITY-ST-ZIP				City-	ł				
PILE		DELETE	41	TITLE				Change	Addition
NAME			4. 2	NAME					
STREET ADDRESS			4.3	STREET	ADDRESS				
CHY-S1-ZIP		DUCT		CITY - S	ST-ZIP			Change	Addition
TITLE		☐ DELETE	1	TITLE	-			Change	Addition
NAME STREET ADDRESS				NAME STREET	ADDRESS				
CITY - ST-ZIP				SIMEEI CITY-S					
TITLE		DELETE		TITLE	o) * £IF	197817		Change	Addition
NAME				NAME	}			_ ,	
STREET ADDRESS			63	STREET	ADDRESS				
CITY-S1-ZIF			6.41	CITY-S	ST-ZIP				

14. I do hereby certily 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 indicreted 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: