SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
1995 JUL 27 AM 10: 18
TALLAHASSEE, FLORIDA

DOCUMENT # 374983 (5)

1. Corporation Name
F.A. REICHERT OPTICIANS OF SOUTH MIAMI, INC.

Principal Place of Business	Mailing Address
OF SOUTH MIAMI INC 5748 SUNSET DR SOUTH MIAMI FL 33143	OF SOUTH MIAMI INC 5748 SUNSET DR SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

3. Date Incorporated or Qualified: 12/31/1970
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-1362976 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

REICHERT, F A
5748 SUNSET DR
SOUTH MIAMI, FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 [signature] 23 July 95
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	REICHERT, CLARK H
STREET ADDRESS	6730 S.W. 76 TERR.
CITY ST ZIP	MIAMI FL
TITLE	VP
NAME	REICHERT, RALPH F
STREET ADDRESS	229 HIGH POINT DR
CITY ST ZIP	VENICE FL
TITLE	SD
NAME	REICHERT, EVELYN M
STREET ADDRESS	5595 S.W. 74 ST.
CITY ST ZIP	MIAMI FL
TITLE	D
NAME	REICHERT, F A
STREET ADDRESS	5595 S.W. 74 ST.
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

		Change	Addition
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP		☐	☐
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP		☐	☐
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP		☐	☐
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP		☐	☐
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐	☐
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 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: [signature] 23 July 95 305 667-6213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0047605 CP