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PROFIT . CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J89864

1. Corporation Name

20/20 EYECARE CENTER, INC.

| =0,=0 = | | | | | | | |
|---|---|---|---|---|--|--|-------------------------------------|
| Principal Plac | e of Business | Mailing Address | | | <u> </u> | | |
| 5600 W COLONIAL DRIVE 5600 W COLONIAL DRIVE | | | | | , | | |
| SUITE 103 SUITE 103 | | | | | | | |
| ORLANDO FL 32808 . ORLANDO FL 32808 | | | | , DO NOT WRITE IN | THIS SPACE 🖽 | : 13 | |
| us us | | | | 3. Date Incorporated or Qualifed | ** (34.1 + 1.1 t | | |
| | · | | | | 08/28/1987 | | |
| — | Place of Business | 2a. Mailing Address | | | 4. FEI Number | | plied For |
| 21 | # -4- | 26 | | | NOT APPLICABLE | | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 A Fee Re | |
| City & Stat | to . | City & State | | | 0.51 | | • |
| 23 | | 28 | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 Added to | • |
| Zip | Country | Zip | Country | 1 | 8. This corporation owes the current ye | | 01663 |
| 24 | [25] | ⊢ ` – | 30 | | Personal Property Tax. | | □No |
| | 9. Name and Address of Curren | 1 1 | | | 10. Name and Address of New Regis | | |
| | | | 81 | Name | | | |
| | BEL, STEVEN | | 82 | Street Add | ress (P.O. Box Number is Not Acceptable) | | |
| | W COLONIAL DRIVE | | | 0 | TOO VI TO, DON THAT HOUR TO THAT ACCORDING | The second of the second of the second | 9 22 22 2 |
| | TE 103 | | 83 | | Branch Control of the | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| UHL | ANDO FL 32850 | | 84 | City | | 85 Zip C | ode ** |
| and the second | er de la companya de | | • | City | | FL °° ZPC | |
| office or r | to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obliga | of Florida. Such change was aut | horized by t | the corporati | poration submits this statement for the purpo on's board of directors. I hereby accept the | ose of changing its appointment as reg | registered jistered |
| · · · · ageni. i a | ini lamiliai with, and accept the conga | illons of, Section 607.0505, Floric | ja Statutes. | | | | |
| SIGNATURE | | 1 | | | | | |
| SIGNATURE | Signature, typed or printed name of registered ager | nt and title if applicable. (NOTE: R | Registered Agent | | | ATE DIDECTO | 5 4 8 E |
| SIGNATURE | Signature, typed or printed name of registered ager OFFICERS AN | nt and title if applicable. (NOTE: R | Registered Agent | | ed when reinstating) ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTO | |
| SIGNATURE 12. TITLE | Signature, typed or printed name of registered ager OFFICERS AN | nt and title if applicable. (NOTE: R | 13. | | | | RS IN 12 |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered ager OFFICERS AN D SOBEL, STEVEN | nt and title if applicable. (NOTE: R ID DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME | it signature require | | RS AND DIRECTO | |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered ager OFFICERS AN D SOBEL, STEVEN 5600 W COLONIAL DRIVE., SU | nt and title if applicable. (NOTE: R ID DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET | at signature require | | RS AND DIRECTO | |
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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 han attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90028 023 ***150.00

407-298-2020