PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 276280

1. Corporation Name

NEW YORK OPTICAL CO. OF FLORIDA, INC.

Prin	CIF	al	Place	of Business
2316	\$	W	60TH	TERRACE

Mailing Address

MIRAMAR FL 33023

Suite, Apt. #, etc.

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2. Principal Place of Business

2316 S W 60TH TERRACE MIRAMAR FL 33023

2a. Mailing Address

Suite, Apt. #, etc.

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90223 018 ***150.00

Applied For

\$8.75 Additional

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

12/26/1963 4. FEI Number

59-1036658

22		27				5. Certificate of	Status Desireu		Fee Re	quired
City & State	3	Cit	y & State			6. Election Car	mpaign Financing		- \$5.00	May Be -
23		28				Trust Fund	Contribution		Added t	o Fees
Zip	Country	Zip		Country		8. This corpora	ation owes the curr	ent year Int	angible	
24	25	29	[:	30	_	Personal Pr	operty Tax.		Yes	□No
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
				81	Name					
GOLDMAN, HOWARD 6820 S W 36TH STREET MIRAMAR FL 33023				82	82 Street Address (P.O. Box Number is Not Acceptable) 83					
				83						
				84	City	·			85 Zip (Code
				"	City			FL		
11. Pursuant t	to the provisions of Sections 6	07.0502 and 607.1	508, Florida Statute	s, the above	-named cor	poration submits this	statement for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the m familiar with, and accept the	e State of Florida. S obligations of, Sec	Such change was au ction 607.0505. Flori	thorized by da Statutes	the corporat	tion's board of direct	ors. I nereby accep	ot the appoi	itment as re	gistered
	Triplina Print, and accept the	g, +								1
SIGNATURE	Signature, typed or printed name of regis	tered agent and title if appl	icable. (NOTE: I	Registered Ager	t signature requi	red when reinstating)		DATE		
12.	OFFICERS AND DIRECTORS				···-	ADDITIONS/	CHANGES TO OF	FICERS AN		
TITLE	VT		☐ DELETE	1.1 TITLE	1				Change	Addition
NAME	GOLDMAN, KAREN			1.2 NAME						1
STREET ADDRESS	6820 SW 36TH ST			1.3 STREET	ADDRESS					
CITY-ST-ZIP	MIRAMAR FL			1.4 CITY-S	T- ZIP					
TITLE	SP		DELETE	2.1 TITLE	ĺ				Change	☐ Addition
NAME	GOLDMAN, HOWARD			2.2 NAME						İ
STREET ADDRESS	6820 S.W. 36TH STREET	Г		2.3 STREET	ADDRESS					
CITY-ST-ZIP	MIRAMAR FL			2. 4 CITY-S	T-ZIP					
TITLE			DELETE	31 TITLE	, -	- :			☐ Change	Addition
NAME	•		-	3.2 NAME	1				- '	
STREET ADDRESS				3.3 STREET	ADDRESS					,
CITY-ST-ZIP				3.4. CITY-S	T-ZIP					
TITLE			☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME				4. 2 NAME						1
STREET ADDRESS				4.3 STREET	ADDRESS					
CITY-ST-ZIP			·	4.4 CITY-S	T-ZIP					
TITLE	·		□ DELETE	5.1 TITLE	1				Change	Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREET	ADDRESS					}
CITY-ST-ZIP				5.4 CITY-S	T-ZIP					
TITLE			DELETE	61 TITLE	(☐ Change	☐ Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREET	ADDRESS					
CITY-ST-ZIP				6.4 CITY-S						
14. I hereby c	ertify that the information sup	plied with this filing	does not qualify for	the exempti	on stated in	Section 119.07(3)(i)	, Florida Statutes.	I further cer	ify that the in	formation

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:

CR2E034 (11/98)