

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 # 332407

1. Corporation Name

PALM BEACH OPTICAL SERVICE INC

Principal Place of Business

2707 NORTH FLAGLER DR
WEST PALM BEACH FL 33407

Mailing Address

2707 NORTH FLAGLER DR
WEST PALM BEACH FL 33407

2. Principal Place of Business

21 2601 N. FLAGLER DR

Suite, Apt. #, etc.

22 SUITE 203

City & State

23 WEST PALM BEACH FL

Zip

24 33407

Country

25 USA

2a. Mailing Address

26 2601 N. FLAGLER DR

Suite, Apt. #, etc.

27 SUITE 203

City & State

28 WEST PALM BEACH FL

Zip

29 33407

Country

30 USA

9. Name and Address of Current Registered Agent

FERNANDEZ, RENE G
2707 N FLAGLER DR
WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified

07/12/1968

4. FEI Number

59-1219899

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2601 N FLAGLER DR

83

SUITE #203

84

CITY
WEST PALM BEACH

FL

85

Zip Code

33407

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME STAMBAUGH, R J
STREET ADDRESS 2707 N. FLAGLER DRIVE
CITY-ST-ZIP W. PALM BEACH FL

TITLE VPD ☐ DELETE

NAME STAMBAUGH, CAROLYN
STREET ADDRESS 2707 N. FLAGLER DR
CITY-ST-ZIP WEST PALM BEACH FL

TITLE STD ☐ DELETE

NAME JURY, ELIZABETH A
STREET ADDRESS 2707 N FLAGLER DR
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2601 N. FLAGLER DR # 203

WEST PALM BEACH FL 33407

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2601 N FLAGLER DR # 203

WEST PALM BEACH, FL 33407

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

2601 N FLAGLER DR # 203

WEST PALM BEACH, FL 33407

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, upon an attachment with an address, with all other like empowered.

SIGNATURE:

STAMBAUGH

4/6/99

561-655-3354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)