

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. Morham
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

OF SOUTH MIAMI INC
5748 SUNSET DR
SOUTH MIAMI FL 33143

Mailing Address

OF SOUTH MIAMI INC
5748 SUNSET DR
SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1970

3a. Date of Last Report

02/03/1994

4. FCI Number

59-1362976

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Taxable Campaign Contributions

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.037,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REICHERT, F A
5748 SUNSET DR
SOUTH MIAMI, FL

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 607.0507 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 of the person who is registered agent and filed with agent)

(Name of Registered Agent (Signature required when registering))

DATE

23 July 95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

P
REICHERT, CLARK H
6730 S.W. 76 TERR.
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VP
REICHERT, RALPH F
229 HIGH POINT DR
VENICE FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

SD
REICHERT, EVELYN M
5595 S.W. 74 ST.
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D
REICHERT, F A
5595 S.W. 74 ST.
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13.

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

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14. I hereby certify that the information furnished with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on my official report of compliance 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, or a person in charge of the corporation or a person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 July 95 305 667-6213