FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATIONS ANNUAL REPORTS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Mailing Address

1999 455329

SEMINOLE OPTICAL INC.

Principal Place of Business

FILED Feb 03, 1999 8:00am Secretary of State

02-03-1999 90020 046 ***150.00



5501 GULF BLVD #110 ST. PETE BEACH FL 33706 US 5501 GULF BLVD #110 ST. PETE BEACH FL 33706 US US					DO NOT WRITE IN THIS SPACE				
					 Date Incorporated or Qu 07/01/1974 	ıalifed			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Apr	plied For	
21 26					59-1537548		No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75 A	Additional	
22 27					5. Certificate of Status Desired Fee Required				
City & State City & State 23					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip Country Zip 24 25 : 29 3			Country		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No				
24	9. Name and Address of Currer				10. Name and Address of		Agent		
· · · · · · · · · · · · · · · · · · ·	3. Teams and Address of Carro	it registered rige	81	Name					
SCHULER, TIMOTHY C ATTY			82	Street Add	et Address (P.O. Box Number is Not Acceptable)				
7843 SEMINOLE BLVD					The second secon			20, 21, 21	
SEM	MINOLE FL 34642	• •	83						
	6.7 6.7		84		- हाँ १% हैके अपन्न सक	- FL	85 Zip C		
office or in agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations of the state of the section of th	mons of, 5 9 chon 607.0505, 1100	iga Siatutes	·-	ed when reinstating)	y accept the appoi	nument as reg	gistered	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE		San the sales and		Change	☐ Addition	
NAME	TROVATO.JEANNE		1.2 NAME			•			
-		•		TADDRESS					
STREET ADDRESS									
CITY-ST-ZIP	CLEARWATER FL 34619	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-ZIP			Change	☐ Addition	
TITLE	ST	□ pereie				٠	- Ollarige	, , , , , ,	
NAME	TROVATO, VINCENT	_	2.2 NAME						
STREET ADDRESS			2.3 STREE	TADDRESS		-			
CITY-ST-ZIP	CLEARWATER FL.		2.4 CITY-S	ST-ZIP					
TITLE		☐ DELETE	3,1 TITLE				☐ Change	☐ Addition	
NAME	Maria de Partir de la		3.2 NAME	1					
STREET ADDRESS	「原語ないでき」かります。 ロンコロ・カーマラルと	-	3.3 STREE	TADDRESS	er jaje i t	Logica Bages	* - 1 * * 1 * 4 * 1	S. 10-30	
CITY-ST-ZIP	3.4.		3.4. CITY-5	ST-ZIP		\$1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		A STAR	
TITLE		☐ DELETE	4.1 TTLE			क्षा अंदेश हिंदी	Change Ch	Addition	
NAME			4. 2 NAME						
STREET ADDRESS	A TOTAL OF THE STATE OF THE STA		4.3 STREE	T ADDRESS					
CITY-ST-ZIP		Wy	4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change ·	Addition	
NAME			5.2 NAME		1.1				
STREET ADDRESS			5.3 STREE	T ADDRESS					
			5.4 CITY-S	T-ZIP	* * * 2				
CITY-ST-ZIP TITLE	650 NOV 3044 N	☐ DELETE	6.1 TITLE		100		Change	Addition	
	THE R BOYERDS SALTS		6.2 NAME					. –	
NAME	N 7 74 1879 7 4-13			T ADDRESS	•		•		
STREET ADDRESS	[0.0 O I I I I I						
	(5,7	•	6.4 CITY+S	T. 71P					

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 chaffed, or on an attachment with an address, with all other like empowered.

SIGNATURE

TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/1999 (127)360-257

CR2E034 (11/98)