

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 21 PM 1:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 476849

(5)

1. Corporation Name

KOSH OPTHALMIC, INC.

Principal Place of Business

**2848-A STIRLING ROAD
HOLLYWOOD FL 33020**

Mailing Address

**2848-A STIRLING ROAD
HOLLYWOOD FL 33020**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/27/1975

3a. Date of Last Report
02/02/1994

4. FEI Number
59-1609251

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 2901 W. McNAB ROAD

2a. Mailing Address

26 2901 W. McNAB ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 POMPANO BEACH, FL

City & State

28 POMPANO BEACH, FL

Zip

24 33069

Country

Zip

29 33069

Country

30

9. Name and Address of Current Registered Agent

**KOSH, JEFFREY S.
2848-A STIRLING RD.
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name

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

2901 W. McNAB ROAD

83

84 City

POMPANO BEACH

FL

85 Zip Code

33069

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 the applicable

NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
KOSH, JEFFREY S.
2848-A STIRLING ROAD
HOLLYWOOD FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KOSH, STUART I.
2848-A STIRLING ROAD
HOLLYWOOD FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
**2901 W. McNAB ROAD
POMPANO BEACH, FL 33069**

2 1 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
**2901 W. McNAB ROAD
POMPANO BEACH, FL 33069**

3 1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

4 1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

5 1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

6 1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeffrey S. Kosh

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4-18-95

305-975-0100

Date

Telephone Number