

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

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90069 013 \*\*\*158.75

DOCUMENT # 476849

1. Corporation Name

KOSH OPHTHALMIC, INC.

Principal Place of Business

2901 W. MCNAB ROAD  
POMPANO BCH FL 33069  
US

Mailing Address

2901 W. MCNAB ROAD  
POMPANO BCH FL 33069  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1975

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2400 118th Avenue N.

22 City & State

27 Suite, Apt. #, etc.

Attn: Ann E. Pointer

23 Zip

Country

28 City & State

Country

St. Petersburg, FL

24

25

29 33716

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOSH, JEFFREY S.  
2901 W. MCNAB ROAD  
POMPANO BCH FL 33069

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 607.0502 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME KOSH, JEFFREY S.  
STREET ADDRESS 2901 W. MCNAB ROAD  
CITY-ST-ZIP POMPANO BCH FL

1.1 TITLE V/T/S ☒ Change ☐ Addition

1.2 NAME Kosh, Stuart I.  
1.3 STREET ADDRESS 2901 W. MCNAB Road  
1.4 CITY-ST-ZIP Pompano Beach, FL 33069

TITLE D ☒ DELETE

NAME KOSH, STUART I.  
STREET ADDRESS 2901 W. MCNAB ROAD  
CITY-ST-ZIP POMPANO BCH FL

2.1 TITLE S ☐ Change ☒ Addition

2.2 NAME Pointer, Ann E.  
2.3 STREET ADDRESS 2400 118th Avenue N.  
2.4 CITY-ST-ZIP St. Petersburg, FL 33716

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE S ☐ Change ☒ Addition

3.2 NAME Dendle, Mark  
3.3 STREET ADDRESS 13515 N. Stemmons Freeway  
3.4 CITY-ST-ZIP Dallas, TX 75234

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Sloan, Thomas  
4.3 STREET ADDRESS 13515 N. Stemmons Freeway  
4.4 CITY-ST-ZIP Dallas, TX 75234

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME Sagnieres, Hubert  
5.3 STREET ADDRESS 13515 N. Stemmons Freeway  
5.4 CITY-ST-ZIP Dallas, TX 75234

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 for on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann E. Pointer

Date

2/5/99

727-572-0844

Daytime Phone #

CR2E034 (11/98)