

482790

1979 Annual Report

filed 4-16-79

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2 pgs.

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

CORPORATION
ANNUAL REPORT



STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1979

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

DO NOT WRITE IN THIS SPACE

FILED

APR 16 11 12 AM 79

FILED IN THE DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

1. Name and Address of Corporation Principal Office:

482790
SOUTHEAST INTRAOCULAR LENS DISTRIBUTOR
5951 N.W. 151 STREET SUITE #E
HIALEAH, FL 33014

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address _____
P.O. Box No. _____
City _____
State _____ Zip Code _____

3. Date Incorporated or Qualified To Do Business in Florida: 8/13/1979

4. Federal Employer Identification Number (FEIN): 59-1623206

5. Date of Last Report: 1978

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
ZELMAN, JERRY	P/D	6865 CASSIA PLACE	MIAMI LAKES, FL.
ZELMAN, AGNETA	S/D	6865 CASSIA PLACE	MIAMI LAKES, FL.

7. Registered Agent Information

Name: ZELMAN, JERRY

Street Address (Do NOT Use P.O. Box Number): 5951 N. W. 151ST STREET

City, State and Zip Code: HIALEAH, FL 33014

If you wish to change Registered Agent on this form, enter all new information below.

Name: Zelman, Jerry

Street Address (Do NOT Use P.O. Box Number): 7000 West 12 Ave # 19

City, State and Zip Code: Hialeah, Florida 33014

8. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

Typed Name of Signing Officer: Jerry Zelman M.D.

Signature: *Jerry Zelman*

Title: President

Telephone Number: 558-6550

Date: 1-23-79

DO NOT WRITE IN THIS SPACE

[Handwritten Signature]