Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90127 003 \*\*\*150.00

## 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

## DOCUMENT # 507700

1. Corporation Name

INSEPH E DEVINE DOCTOR OF OPTOMETRY, P.A.

	T. DEVINE, DOCTOR OF								
Principal Place	e of Business	Mailing Address				* 105/54 Bill #8(1) (94() 146()			
948 PINE HILLS	S RD	948 PINE HILLS RD							
BOX 15009		BOX 15009			DO NOT WR	ITE IN TUIC	CDACE		
ORLANDO FL 32808		ORLANDO FL 32808			-	3. Date Incorporated or Qualifed		SPACE	
					ļ	•	,		
		2 Mailing Address				07/23/1976 4. FEI Number		$-\tau\tau$	Applied For
2. Principal Place of Business		2a. Mailing Address			ì			-	Not Applicable
21		Suite, Apt. #, etc.				<u>59-1692456</u>			Additional
Suite, Apt. #, etc.		27 Suite, Apr. #, etc.				_5Certifcate of Status Desired_			Required
City & State	α	· City & State				6. Election Campaign Financing		\$5.0	O May Be
	•	28				Trust Fund Contribution			d to Fees
<b>23</b>	Country	Zip	Country	,		8. This corporation owes the cur	rrent vear inta	angible	
24	25	<u> </u>	30			Personal Property Tax.	,,	Yes	□No
24	9. Name and Address of Curr		-		<del>_</del>	10. Name and Address of New	Registered a	Agent	
			81	Nam	е				
DEVI	ine, Joseph R.		-	0.		- /D O. Day Niverbook Not Acces	toblo)		
948	PINE HILLS ROAD		82	Stree	t Adares	s (P.O. Box Number is Not Accep	lable)		
ORL	ANDO FL 32808		83						
				<u> </u>				<del></del>	
			84	City			FL	85 Z	ip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the abov	e-name	d corpor	alion submits this statement for the	e parpose or ent the ennoir	ntment as	registered
office or n	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was at gations of, Section 607.0505, Flor	uthorized by rida Statutes	the cor	poration	s board of directors. I nereby acce	ept the appoi	ntment as	registered
office or ri agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a	te of Florida. Such change was at gations of, Section 607.0505, Flor	uthorized by	the cor	poration	s board of directors. I nereby acce	DATE	Ilment as	registered
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office or ragent. I at SIGNATURE  12. TITLE NAME	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS. PD DEVINE, JOSEPH R.	te of Florida. Such change was at gations of, Section 607.0505, Flor agent and title if applicable.  (NOTE:  AND DIRECTORS	Registered Age  13.  1.1 TITLE	nt signatur	e required w	s board of directors. I nereby accument	DATE	D DIREC	TORS IN 12
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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, or or an attachment with an address with all other like empowered.

SIGNATURE: