## 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 # 538095

EYE ASSOCIATES OF CHARLOTTE COUNTY, P.A.

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Principal Plac	ce of Business	Mailing Address					98461 BITOR (1181 18411 BRIT	10 10181 0111 01011	MINIS NINIE NINI	#1#11 #1#11 1 <b>#</b> #1
2595 HARBOR	BLVD.	2595 HARBOR BLVD.								
PORT CHARLOTT FL 33952 PORT CHARLOTT FL 33952						·				
								VRITE IN THIS	S SPACE	·
		4				3	corporated or Qualit	fed		
	,					06/28				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For				pplied For
21		. 26				59-17	48230		N	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc	<b>.</b>	•		5 Cortifor	ite of Status Desired	1 🗆	\$8.75	Additional
22	<u>-</u>	27				5. Certifica	ile of Status Desired		Fee R	equired
City & Stat	te	City & State	· ·			6. Election	Campaign Financii	ng 👝 .	\$5.00	May Be
23	·	28				Trust Fi	und Contribution	- U .	•	to Fees
Zip	Country	Zip	Cou	intry		8. This co	rporation owes the o	current year In	tangible	
24	25	29	30			1.	al Property Tax.	•	ŬYes	□No
	9. Name and Address of Curr	ent Registered Agent				10. Name a	and Address of Ne	w Registered	Agent	
		i.d		81	Name				_	
NAS	H, MURIEL	nom alwatta se versi i seli s			<del></del>		· · · · · · · · · · · · · · · · · · ·			
4468	CREWS CT.	E GANGE PAR		82	Street Add	iress (P.O. Box	Number is Not Acce	eptable)		
POR	RT CHARLOTTE FL 33952	•		83	***		orania de la composición dela composición de la composición de la composición de la composición dela composición dela composición dela composición de la composición dela composición del	e reger or care. B BEV STORES	514 - 234 - 654 514 - 234 - 654	(151, g15a, 172)
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51 C 1800000	191.1	mann i greni in a colo								
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Steen Change	Statutes, the a	bove-r	named corp	poration submits	s this statement for t	the purpose of	f changing its	registered
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Statum familiar with, and accept the obli	502 and 607.1508, Florida S te of Florida. Such change of gations of, Section 607.050	Statutes, the a was authorized 5, Florida Stat	bove-r by thutes.	named corp e corporation	poration submits ion's board of di	s this statement for t irectors. I hereby ac	the purpose of cept the appo	f changing its intment as re	registered egistered
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14. I hereby certify that the information supplied with this filling 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 error an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90020 008 \*\*\*150.00