FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 569670

(3)

Maring Address

EYE OPTICAL DISPENSARY, INC.

FILED
Mar 25 1997 8:00am
Secretary of State

6925 W. COMM TAMARAC FL 3 US		6925 W. COMMERCIAL I TAMARAC FL 33319-2119 US	BLVD. 8				
					 Date Incorporated or Qualified 05/03/1978 	3a. Date of L 03/20/19	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-1825133		Not Applicable
Suite Apt #, etc. Suite, Apt #, etc. 27			5. Certificate of Status Desire		\$8.75 Additional Fee Required		
City & State 23		City & State			Election Campaign Financing Trust Fund Contribution	A	5.00 May Be dded to Fees
Z(p 24	Country 25	7ip [29]	Country 30		8. This corporation has liability for i Florida Statutes	Yes 🔲 No	
	9. Name and Address of Ci	urrent Registered Agent		I	10. Name and Address of New Re	gistered Agent	
	, RICHARD		81	Name			
	W. COMMERCIAL BLVD.		82	Street Add	iress (P.O. Box Number is Not Acceptab	le)	
TAM	ARAC FL 33319		83				
			84	City		FL 85	Zip Code
office or o	anish for smoot, or both in the !	7 0502 and 607,1508. Florida Stat State of Horida: Such change was obligations of, Section 607,0505, I	s authorized b	v the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urnose of chan	ging its registered ent as registered
SIGNATURE	Bar son sygnaturyeta diskir e elik goder	150 April 1997 April 1998 April 1	OTC: Daneluged Ap	net signahya tech	piec when reinstating)	DATE	
12.		S AND DIRECTORS	13.	ни эвраноге гедо	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
	PT	DELETE	1.1 TITLE			☐ C	
NAME	AEH, RICHARD H.		1.2 NAME				
STREET ADDRESS	6925 W. COMMERCIAL BI	LVD.	1.3 STREE	ADDRESS			
CH17 - ST - ZII-	TAMARAC FL		1.4 CITY-				
TITLE	VS	DELETE	2.1 TITLE	-		□ Ci	nange Addition
NAM:	AEH, GLORIA M.		2.2 NAME				
SIRELL ADDRESS	6925 W. COMMERCIAL BI	LVD.	2 3 STREE	ADDRESS			
Colin - SI - ZIP	TAMARAC FL		2 4 CiTY-				
Title		DELETE	3.1 TITLE				hange Addition
NAV:			3 2 NAME				
STREET ADDRESSS			3 3 STHEE	I ADDRESS			
C 19 - \$1 - 26P			3.4. CITY-				
1011		DELETE	4.1 TITLE			□ c	hange 🔲 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	ADDRESS			
C(1) - S*- 7(P			4.4 CITY -	1			
1044-5 - 70°		DELETE	5.1 TITLE	u 1 6.00		C	hange Addition
NAM:			5.2 NAME				
STECL LADORESS				1 ADDRESS			
			5.4 CITY -				
Caty - ST- 70 100.E		DELETE	6.1 TITLE	21 - 411			hange Addition
			6 2 NAME				<u> </u>
NAME				T ADDOSEÓ			
\$18EF1 AFCIRESS				T ADDRESS			
CITY+ST-20		E 1 10 11 10 11 11 11 11 11 11 11 11 11 1	6.4 CITY-		ed in Section 119.07(3)(i), Florida Statute	a I further conti	f ab at the

If do hereby certify that the unfarmation supplied with linis filling close not quality for the exemption stated in Section 119.0 (3)(), Florida Statutes Florine, certify that the unfarmation 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; the Lens an officer or directory 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 (A) angeor, or on an attachment with an address.

SIGNATURE:

TUSE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glona M. Aeh

22-97 1954-722-80.