SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT** # (6)JOSEPH HIRSCH, O.D. AND ASSOCIATES, P.A. Mailing Address Principal Place of Business 1224 TERRA MAR 1224 TERRA MAR **TAMPA FL 33613 TAMPA FL 33613** 3a. Date of Last Report 3. Date Incorporated or Qualified 05/10/1978 04/07/1995 Applied For 2a. Mailing Address 2. Principal Place of Busines Not Applicable 1224 Tena Man D 59-1823576 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 8. This corporation has liability for intangible tax under s. 199.032 Country Yes No Florida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HIRSCH, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 82 1224 TERRA MAR **TAMPA FL 33613** 83 Zip Code City 85 84 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505. Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) 12 13 Change Addition DELETE 1.1 HILF TITLE PD CR2E034 HIRSCH, JOSEPH 1.2 NAME STREET ADDRESS 1224 TERRA MAR 1.3 STREET ADORESS 1.4 C(17 - \$1 - Z)P TAMPA FL ... CHY-ST-7IP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CHTY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 41 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY ST-ZIP CITY - ST - ZIP Change Addition DELETE 51 TETLE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STHEET ADDRESS STREET ADDRESS 6.4 CIFY - S1 - ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furn shed and does not qualify for the exemption stated in Section 119 07(3)(k). 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 it 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

6/12/96 813-961-7805