

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 600407 (1)

1. Corporation Name

DR. SHELDON MAYER, OPTOMETRIST, P.A.

Principal Place of Business

214 HOLLYWOOD MALL
HOLLYWOOD FL 33021

Mailing Address

214 HOLLYWOOD MALL
HOLLYWOOD FL 33021

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

9. Name and Address of Current Registered Agent

MAYER, SHELDON
214 HOLLYWOOD MALL
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified

07/30/1968

3a. Date of Last Report

06/14/1995

4. FEI Number

59-1217185

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 607.0508, Florida Statutes.

SIGNATURE

Signature of the person submitting this statement for filing

Signature of the Registered Agent and company, if not the same

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MAYER, SHELDON	
STREET ADDRESS	214 HOLLYWOOD MALL	
CITY-STATE-ZIP	HOLLYWOOD FL	
TITLE	D	☐ DELETE
NAME	SIFF, WALLACE	
STREET ADDRESS	214 HOLLYWOOD MALL	
CITY-STATE-ZIP	HOLLYWOOD FL	
TITLE	D	☐ DELETE
NAME	SIEGEL, JERRY	
STREET ADDRESS	LAUDERDALE MALL	
CITY-STATE-ZIP	LAUDERHILL FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption statement in Section 119.07(3)(k), Florida Statutes. I further certify that the information declared 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96. 954- 987-6500
Daytime Phone #

CR2E034 (12/95)