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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 604958 (9)EDWARD L. BUDD O.D., DR. OF OPTOMETRY, PA

## **FILED** Apr 21 1997 8:00am Secretary of State

Second   S	Principal Place of Business  G/O EDWARD L. BUDD. O.D.  \$77 N. KROME AVE HOMESTEAD FL \$3000	Mailing Address C/O EDWARD L. BUDD. 377 N. KROME AVE HOMESTEAD FL 33030-60			
Application	1 (32.00-20.00.00.00.00.00.00.00.00.00.00.00.00.0				
Sulfo, Apt. #, etc.	O. Odnakal Disea of Dusings	Do Mariling Address			
Suito. Apt. 4, efc.  27	<u> </u>	├-¬ ~			<del></del>
City & State   City & City & State   City & City & State   City & State   City & State   City & State   City	Suite, Apt. #, etc.		W-MAL		- 69.75 Additional
Colly 6, State   Country   29		· ·		5. Certificate of Status Desired	
20	City & State	d		6. Election Campaign Financing	\$5.00 May Be
Section   Process   Proc	23	28		Trust Fund Contribution	
BUDD, EDWARD L.   377 NORTH KROME AVENUE   HOMESTEAD FL 303030   80   200	Zip Country	Zφ	Country		
BUDD, EDWARD L. 377 NORTH KROME AVENUE HOMESTEAD FL 33030  83  84 Cry FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 05.02 and 607 15.08. Florida Sisteutes  84 Cry FL 85 Zip Code  87 Street Address (P.O. Box Numbor is Not Acceptable)  88 STREET ADDRESS  89 STREET ADDRESS  89 STREET ADDRESS  80 STREET ADDRESS  81 STREET ADDRESS  81 STREET ADDRESS  82 STREET ADDRESS  83 STREET ADDRESS  84 CRY-SI-ZIP  84 Cry 85		<del></del>	30		
### STREET ADDRESS OF N. KROME AVE.    PO	<del></del>	legistered Agent	94   11	10. Name and Address of New Re	egistered Agent
HOMESTEAD FL 33030    B3			o i name		•
SIGNATURE   PD			82 Street Ac	idress (P.O. Box Numbor is Not Accepta	ible)
TILE PD OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11 SHEET ADDRESS OTTY ST-ZP HOMESTEAD FL OFFICERS OF STATE OF STATE OFFICERS OF STATE OFFICERS OFFICERS OF STATE OFFICERS O	HOMESTEAD FL 33030		83		
11. Pursuant to the provisions of Socions 607.05.02 and 607.15.08. Florida Statutes the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socion 607.05.05, Florida Statutes.  SIGNATURE  Signature, byte do preliate name of registered agent and like if agent cline.  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  11. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. CITY ST. 2IP  BUDD, EWARD L.  STREET ADDRESS  377 N. KROME AVE.  13. SHIEET ADDRESS  377 N. KROME AVE.  13. SHIEET ADDRESS  377 N. KROME AVE.  22. SHIELT ADDRESS  377 N. KROME AVE.  23. SHIELT ADDRESS  377 N. KROME AVE.  23. SHIELT ADDRESS  377 N. KROME AVE.  23. SHIELT ADDRESS  377 N. KROME AVE.  33. SHIELT ADDRESS  377 N. KROME AVE.  34. CITY ST. 2IP  TITLE  DELETE  AL CITY ST. 2IP  4. CITY ST. 2IP  4. CITY ST. 2IP  10. Change Addition  Addition  NAME  STREET ADDRESS  378 N. KROME AVE.  33. SHIELT ADDRESS  379 N. KROME AVE.  34. CITY ST. 2IP  10. Change Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ADDITIONS/CHA	X				
11. Pursuant to the provisions of Sections 607 607 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in the State of Floridas Statutes.    Signature			84 City		85 Zip Code
SIGNATURE   TITLE	41 Directant to the organizations of Sections 607.05.02 s	and 607 1508 Florida State	ulas the above-named or	progration submits this statement for the	
SIGNATURE   TITLE	office or registered agent, or both, in the State of	Florida, Such change was	authorized by the corpo	ration's board of directors. I hereby acce	opt the appointment as registered
NOTE   Control	<b>agent. I am familiar with, and accept the obligation</b>	ons of, Section 607.0505, F	lorida Statutes.		
12.					
TITLE	Classius, timed as printed earns of registant eacht a	nd title if soutcable (MO	III : Decisioned Acoust cionature en	autod whos so notation)	DATE
NAME   STREET ADDRESS   CITY-ST-ZIP   HOMESTEAD FL		<del></del>			
STREET ADDRESS   377 N. KROME AVE.   1.3 STREET ADDRESS   1.4 CHY-ST-ZIP	12. OFFICERS AND D	DIRECTORS	13.		CERS AND DIRECTORS IN 12
CITY-ST-ZIP	12. OFFICERS AND D	DIRECTORS	13. 1.1 THLE		CERS AND DIRECTORS IN 12
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14. I do 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 exiporation of 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.