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Secretary of State

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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 671682 1. Corporation Name

PRINCIPAL PLACE OF BUSINESS  MARES AVENTES AVENUE #214 P.O. BOX 31300 TAMPA FL 33831  TAMPA FL	OPTICAL	L WAREHOUSE OF TAMPA	, INC.					
P.O. BOX 1300 TAMPA FL 33831 TAMPA F	Principal Plac	e of Business	Mailing Address			- C TORRIO MATERIA LABORA LIZAZA ATLARA MATERIA ATRA	i QJQXI OIBII 81031 QI	<b>a</b> li <b>u</b> ibil i <b>u</b> al
2. Principal Place of Business   2a Mailing Address   4. FEL Number   59-2009198   Not Applied For Sep-2009198   Not Applied For Sep-20091999   Not Applied For Sep-200919999   Not Applied For Sep-20091999   Not Applied For Sep-2009199999   Not Applied For Sep-20091999   Not Applied For Sep-2009199999   Not Applied For Sep-200919999   Not Applied For Sep-200919999   Not Applied For Sep-200919999   Not Applied For Sep-2009199999   Not Applied For Sep-200919999   Not Applied For Sep-200919	5455 W WATERS AVENUE #214 5455 W WATERS AVENUE #21 P.O. BOX 31200 P.O. BOX 31200					3. Date Incorporated or Qualifed	IS SPACE	
Suite, Apt. #, etc. # 2.13   27   Suite, Apt. #, etc. #, e								
Suite, Apt. #, etc # 2 / 3   27   27   27   28   28   28   28   28	2. Principal P	Place of Business	<del></del>				_ <del></del>	
City & State   City	<del></del> _	4 -1-				59-2009 198		
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   Country   City & Country	$\neg$	#, etc. # 213	<del>} </del>			5. Certifcate of Status Desired		
Zip   Country   Zip	City & Stat	City & State City & State			···			
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  MORRISON, THOMAS K. 1200 W PLATT TAMPA FL 33606  13  14  15  15  16  17  17  18  18  18  18  18  18  18  18		Country	<del></del>	Country	<u> </u>	<del></del>		rees
MORRISON, THOMAS K. 1200 W PLATT TAMPA FL 33606  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 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, and accept the obligations of, Section 607.0502, 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, Section 607.0503, Florida's Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida's Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida's Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida's Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida's Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida's Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida's Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida's Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent, or both the appointment as registered agent, or both the appointment as registered agent, or both the appointment agent ag				_ `		· ·		
MORRISON, THOMAS K. 1200 W PLATT TAMPA FL 33606  82 Street Address (P. O. Box Number is Not Acceptable)  83			nt Registered Agent			10. Name and Address of New Registere	d Agent	
1200 W PLATT TAMPA FL 33606  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered statutes.  SIGNATURE  Signature, types or privide name of registered agent and tils if applicable. (NOTE Registered Agent algorithm required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  POLIMITE DIELETE  1.1 TITLE  OLIMITE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.2 CAPABRA FL  1.2 CAPABRA FL  1.2 CAPABRA FL  1.3 STREET ADDRESS  CITY-ST-ZIP  TAMPA FL  1.4 CITY-ST-ZIP  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.4 CITY-ST-ZIP  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.4 CITY-ST-ZIP  TITLE  OLIMITE DIELETE  3.1 STREET ADDRESS  CITY-ST-ZIP  TITLE  OLIMITE DIELETE  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  OLIMITE DIELETE  4.1 TITLE  OLIMITE DIELETE  4.1 TITLE  OLIMITE DIELETE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additional Company of Change Additional Com	1105	DICON THOUSAC I/		81	Name			
TAMPA FL 33606    83	•			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered spent, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typed or prefed name of registered agent and till if applicable. (NOTE Registered Agent agentum required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  P	1-1-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			83	<del> </del>			
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, Typed or printed name of registered agent and tise if applicable. (NOTE: Registered Agent agreeture required when reinstating)   DATE	17 1171	, , , , c 55555		0.5	<u> </u>			
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, and both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the change of the colligations of, Section 607 0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and tile if applicable.			•	84	City		85 Zip Co	ode
12.	office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was aut ations of, Section 607.0505, Florid	horized by la Statutes	the corporatio	in's board or directors. I nereby accept the app	of changing its re ointment as regi	egistered istered
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CITY-ST-ZIP         54 CITY-ST-ZIP           TITE         DFLETE         6.1 TITLE         Change         Additional Change			[] nc; etc		s-ZIP		Change	Addition

14. I 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 suppliemental 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

DELETE