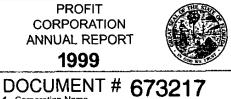
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90124 026 \*\*\*150.00

WOODSI	IDE OPTICIANS, INC.							
Principal Place	e of Business	Mailing Address						DIBNI BEBALLBAN
9743 U.S. HWY 19 9743 U.S. HWY 19 PORT RICHEY FL 34668 PORT RICHEY FL 34668						DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed	•	
		,				06/12/1980		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ar	oplied For
21		26				59-2026776	No	ot Applicable
Suite, Apt. #, etc. 27 27						5. Certificate of Status Desired	·	Additional - equired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Coul	ntry		8. This corporation owes the current year li		_,
24	25	29	30			Personal Property Tax.	✓ Yes	□No
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Registered	ı Ağenr	
HINTON, MARK B					IVallie			
374 N CAROLINA				82	82 Street Address (P.O. Box Number is Not Acceptable)			
PALM HARBOR FL 34683				83		<u> </u>		
·				84		F		Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Stat im familiar with, and accept the obliging the section of the sect	502 and 607.1508, Florida Statut e of Florida. Such change was a gations of, Section 607.0505, Flo	es, the at uthorized rida Stati	bove I by t utes.	e-named coo the corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the app	ointment as re	egistered
SIGNATURE								
	Signature, typed or printed name of registered as			Agent	t signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DPS IN 12
12.	PTD OFFICERS A	ND DIRECTORS DELETE	13.	n E		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	HINTON, MARK B.		1.1 NA					
NAME	374 N CAROLINA				ADDDECC			
STREET ADDRESS	PALM HARBOR FL		l i	1.3 STREET ADDRESS				ļ
CITY-ST-ZIP	S DELETE			2.1 TITLE			Change	Addition
TITLE NAME	HINTON, MARK B		2.2 NA		-	•	_	
	ATA NI OADOLINIA		1		ADDRESS			f
STREET ADDRESS	PALM HARBOR FL		2.4 CI		- 1	and the second s		ļ
TITLE	ST	☐ DELETE	3.1 117				Change	Addition
NAME	HINTON, MYRA		3.2 NA	WE				
STREET ADDRESS	374 N CAROLINA AVE		3.3 ST	REET	ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL		3.4. CI	ITY-S	T- ZIP			
TITLE		, DELETE	4.1 TI	TLE		<del></del>	☐ Change	☐ Addition
NAME		•	4.2N	AME.				
STREET ADDRESS			4.3 ST	REET	ADDRESS			
CITY-ST-ZIP			4.4 CF	TY-S1	r-ZIP			
TITLE		☐ DELETE	5.1 TT		Ì		☐ Change	☐ Addition
NAME		•	5.2 NA					
STREET ADDRESS			- 1		ADDRESS	•		
CITY-ST-ZIP		——————————————————————————————————————	5.4 Cl		I-ZIP		□ Chasean	☐ Addition
TITLE		☐ DELETE					Change .	C vaginali
NAME			6.2 N		- ADDDE-00			
STREET ADDRESS			6.3 ŞT	IKEET	ADDRESS			

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 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 ap attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: