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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

688552

(9)

FILED
Jan 24 1996 8:00 am
Secretary of State



3a. Date of Last Report

(12/95)

CR2E034

3. Date Incorporated or Qualified

LENSA	CURPURATION	

Principal Place of Business

DOCUMENT #

Corporation Name

773 S.W. RIVER CT. PALM CITY FL 34990

773 S.W. RIVER CT. PALM CITY FL 34990

Mailing Address

09/22/1980 04/28/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2027501 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required Oty & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country This corporation has liability for intangible tax under s 199,032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SANDEL, BERNARD W Street Address (P.O. Box Number is Not Acceptable) 773 S.W. RIVER CT. PALM CITY FL 34990 83 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 office or 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. S:GNATURE Signature: typed or printed name of registered agent and tilk if applicable. (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE □ DELETE 1. 1 TIFLE ☐ Change Addition SANDEL, BERNARD NAME 1.2 NAME STREET ADDRESS 773 S. W. RIVER CT. 1.3 STREET ADDRESS PALM CITY FL CHY-\$1-702 1.4 CITY-ST-ZIP DELETE 2 1 TITLE Addition Change NAME SANDEL, BERNARD 2.2 NAME 773 SW RIVER CT STREET ADORESS 2.3 STREET ADDRESS PALM CITY FL (31) Y - ST - ZIP 24 CITY-ST-ZIP VICE PARS 111.1 DELETE 3 1 TITLE ☐ Change Addition SHARON SANDEL 773 S.W. RIVER CV. N-Mi 3.2 NAME STRUET ADDRESS 33 STREET ADDRESS 011Y S1-7P 34 CHTY-ST-ZIP DELETE THELE 4 1 TITLE Change Addition NAM: **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS 44 CITY - ST - ZIP Till £ DELETE 5 1 Tilli F ☐ Change Addition 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS OILY - \$1 - 7(£) 5.4 CHTY - ST - ZIP TIFLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this firing is voluntarily furnished 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 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: BENNALO W. SANDEL Brown HA

1/16/96 (407) 288.7141