

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 692737 (0)

1. Corporation Name

DR. GERALD N. ASKOWITZ, P.A. OPTOMETRIST



Principal Place of Business

1442 BISCAYNE BLVD
MIAMI FL 33132

Mailing Address

1442 BISCAYNE BLVD
MIAMI FL 33132

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

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29

30

9. Name and Address of Current Registered Agent

ASKOWITZ, GERALD N.
1442 BISCAYNE BLVD
MIAMI FL 33132

3. Date Incorporated or Qualified
06/29/1981

3a. Date of Last Report
01/31/1995

4. FEI Number
59-2108363

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 607.0502 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 607.0504, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

PSD
ASKOWITZ, GERALD N
1442 BISCAYNE BLVD
MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

Gerald N. Askowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-94

305 377-1171
Day or Phone

CR2E034 (12/95)