

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **755898** (4)

1. Corporation Name

PALM BEACH COUNTY OPTOMETRIC SOCIETY, INC.



Principal Place of Business

Mailing Address

**211 E. BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33435-3839**

**211 E. BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33435-3839**

3. Date Incorporated or Qualified

01/14/1981

3a. Date of Last Report

04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2471857

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHWARTZ, RAYMOND E.
3365 SOUTH CONGRESS AVENUE
PALM SPRINGS FL 33461**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Raymond E. Schwartz

(NOTE: Registered Agent signature required when reinstating)

4-3-96

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

**COSTELLO, SANDY
1280 W LANTANA RD STE 1
LANTANA, FL 33462**

STREET ADDRESS

CITY - ST - ZIP

TITLE

TD

☐ DELETE

NAME

**DECANIO, SALVATORE M.
211 E BOYNTON BCH BLVD
BOYNTON BCH, FL 00000**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

**SCHWARTZ, RAYMOND
3365 S. CONGRESS AVE.
PALM SPRINGS FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

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☐ DELETE

NAME

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14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Raymond E. Schwartz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALVATORE M. DECANIO **4-3-96** **407-732-8088**

Date:

Daytime Phone #

CR2E037 (12/95)