


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90069 028 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **758323**

1. Corporation Name

NATIONAL EXAMINING BOARD OF OCULARISTS, INC.

Principal Place of Business

625 FIRST AVENUE
SUITE 220
CORALVILLE IA 52241-2101

Mailing Address

625 FIRST AVENUE
SUITE 220
CORALVILLE IA 52241-2101



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/13/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2125778
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WYATT, DAVID R
% L&B LABORATORIES, INC.
3403 POWERLINE RD., STE. 806
FT. LAUDERDALE FL 33309

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	JOHN J. KELLY	1.2 NAME	
STREET ADDRESS	101 W. READ STREET STE 817	1.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21201	1.4 CITY-ST-ZIP	
TITLE	VCPD	2.1 TITLE	
NAME	JOHNSON, WALTER	2.2 NAME	
STREET ADDRESS	14 INVERNESS DRIVE EAST-BLDG D #146	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80112	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	HILL, GARY	3.2 NAME	
STREET ADDRESS	5225 OVERBROOK	3.3 STREET ADDRESS	
CITY-ST-ZIP	SACRAMENTO CA 95841	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED H. J. Kelly 11/6/99 916 344-6560

0002174

CR2E037 (1/98)