

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769642 (0)

1. Corporation Name

THE FLORIDA OPTOMETRIC CONSORTIUM, INC

Principal Place of Business

Mailing Address

C/O LEO LEVY
10400 S.W. 98 ST.
MIAMI FL 33176

C/O LEO LEVY
10400 S.W. 98 ST.
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1983

3a. Date of Last Report

04/22/1994

4. FEI Number

59-2303847

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental

Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 467 WEST 43 PL.

26 Suite, Apt. #, etc.

22 HIALEAH, FLA.

27 City & State

23

28 City & State

24 33012

29 U.S.A.

30

9. Name and Address of Current Registered Agent

LEVY, LEO
10400 S.W. 98 ST.
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name NEREIDA G. CACERES

82 Street Address (P.O. Box Number is Not Acceptable)

467 WEST 43 PLACE

83

84 City

HIALEAH

FL

85

33012

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 607.0503, Florida Statutes.

SIGNATURE *Nereida G. Caceres*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 28/95 NEREIDA G. CACERES, TRUSTEE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CHAMBERS, DAVID O.D.
STREET ADDRESS 1076 W HIGHWAY 436
CITY-ST-ZIP ALTAMONTE SPRINGS FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD
NAME DANIELS, JOHN
STREET ADDRESS 1304 N. KROME AVE.
CITY-ST-ZIP HOMESTEAD FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME EICHENBAUM, BARRY A.
STREET ADDRESS 58 MIRACLE MILE
CITY-ST-ZIP CORAL GABLES FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 110.07(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:

Nereida G. Caceres (TRUSTEE)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (305) 10103-4818

Date Daytime Phone