


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **769642** (0)
1. Corporation Name
THE FLORIDA OPTOMETRIC CONSORTIUM, INC



| | |
|--|---|
| Principal Place of Business 467 WEST 43 PLACE HIALEAH, FLORIDA MIAMI FL 33012 US | Mailing Address 467 WEST 43 PLACE HIALEAH, FLORIDA MIAMI FL 33012-3876 US |
|--|---|

| | | |
|---|--|------------------------------|
| 2. Principal Place of Business 21 7050 GOLF POINTE CIRCLE Suite, Apt. #, etc. 22 City & State 23 TAMARA FL Zip 24 33321-2727 | 2a. Mailing Address 26 7050 GOLF POINTE CIRCLE Suite, Apt. #, etc. 27 City & State 28 TAMARAC, FL Zip 29 33321-2727 | Country 30 Broward |
|---|--|------------------------------|

| | |
|--|--|
| 3. Date Incorporated or Qualified 08/01/1983 | 3a. Date of Last Report 07/30/1996 |
| 4. FEI Number 59-2303847 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**CACERES, NEREIDA G
467 WEST 43 PLACE
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name Leo Levy |
| 82 Street Address (P.O. Box Number is Not Acceptable) 7050 GOLF POINTE CIRCLE |
| 83 |
| 84 City Tamarac |
| 85 Zip Code FL 33321-2727 |

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 **Leo Levy - ADMIN**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CHAMBERS, DAVID O.D. 1076 W HIGHWAY 436 ALTAMONTE SPRINGS FL | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD EICHENBAUM, BARRY A. 58 MIRACLE MILE CORAL GABLES FL | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOSHNIK, EDWARD L 8479 CORAL WAY MIAMI FL 33155 | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE **Philip R. ...**

4/5/97

CR2E037 (9/96)