## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP • WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** A97000002200

FILED 98 DEC 29 AM II: 46

SECRETARY OF STATE TALLAHASSEE, FLORIDA



MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.   11.   Name(s) of General Partner(s)   11a.   Address of Each General Partner   11b.   City, State & Zip Code   11c.   Registration/Document Number   11c.   Registration/D	IVISION INTERNATIONAL, LTD.							
ONE CYPRESS PLACE 701 WEST CYPRESS GREEK ROAD. SUITE 200 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 333	Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capita Show	al Contributions as	
2. Mailing Address 2. A Principal Office Address FL  Suite, Apt. #, etc.	701 WEST CYPRESS CREEK ROAD. SUITE 200	701 WEST CYPRESS CREEK ROAD, SUITE 200			<b>3a.</b> Date of Last Report 03/31/1998	\$1,000.00  5b. Amount of Capital Contributions in FLORIDA		
Suite, Apt. #, etc.  Giy & State  City & State  To Country  Country  Country  To Country  To Country  PREFERRED VISION CARE, INC.  ONE CYPRESS PLACE  TO I WEST CYPRESS CREEK ROAD, SUITE 200  FT. LAUDERDALE FL 33309  City  FL  Zip Code  Suito, Apt. #, etc.  City  FL  Zip Code  City  FL  Zip Code  To City Lauder or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registored Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Each General Partner  That Is A Corporation of Corporation of State of Partner  That Is A Corporation of Corporation of State o	2. Mailing Address	2a. Principal Office Address						
To Country   Zip   Country   Zip   Country   Sats (See reverse side for fiel information   State (See reverse side fo					6. FEI Number			
9. Name and Address of Current Registered Agent  10. If changed, new Registered Agent/Office  PREFERRED VISION CARE, INC. ONE CYPRESS PLACE 701 WEST CYPRESS CREEK ROAD, SUITE 200 FT. LAUDERDALE FL 33309  10a. Pursuant to the provisions of sections 620,1051 and 620,132, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent and familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(e) of General Partner(s)  11a. DATE  PREFERRED VISION CARE, INC.  701 WEST CYPRESS CREEK  FT. LAUDERDALE FL 33309  P96000103520  201/15/99-01126-014  ******282.50 ************************************		•	City & State		7. Certificate of Status Desired		\$8.75 Additional	
PREFERRED VISION CARE, INC. ONE CYPRESS PLACE 701 WEST CYPRESS CREEK ROAD, SUITE 200 FT. LAUDERDALE FL 33309  Tolument to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered diffee or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Registration/ Document Number  PREFERRED VISION CARE, INC.  701 WEST CYPRESS CREEK  FT. LAUDERDALE FL 333.09  P96000103520  45082—22  -01/15/99—01126—014  *******282.50 ******141.25	Zip Country	Zip Country						
PREFERRED VISION CARE, INC. ONE CYPRESS PLACE 701 WEST CYPRESS CREEK ROAD, SUITE 200 FT. LAUDERDALE FL 33309  Total Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  PREFERRED VISION CARE, INC.  701 WEST CYPRESS CREEK  FT. LAUDERDALE FL 33309  P96000103520  ******141.25	9. Name and Address of Current Ro	istered Agent			10. If changed, new Registered Agent/Office			
ONE CYPRESS PLACE  701 WEST CYPRESS CREEK ROAD, SUITE 200  FT. LAUDERDALE FL 33309  Total Pursuant to the provisions of sections 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s), I hereby accept the appointment of registered agent, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(e) of General Partner(s)  11a. Address of Each General Partner  11b. City, State & Zip Code  11c. Registration/ Document Number  PREFERRED VISION CARE, INC.  701 WEST CYPRESS CREEK  FT. LAUDERDALE FL 33309  P96000103520  2000027450822  -01/15/9901126014  ********282.50  ********141.25	PREFERRED VISION CARE, INC.		Name					
Suito, Apt. #, etc.  Tity  Tity Code  Total Derovations of sections 920,1051 and 920,192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620,192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED ADA CTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Each General Partner  11b. City, State & Zip Code  11c. Registration/Document Number  PREFERRED VISION CARE, INC.  701 WEST CYPRESS CREEK  FT. LAUDERDALE FL 33307  P96000103520  -01/15/9901126014  ******282.50 ******141.25			Street Addr	Street Address (P.O. Box Number Is Not Acceptable)				
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  PREFERRED VISION CARE, INC.  701 WEST CYPRESS CREEK  FT. LAUDERDALE FL 333.09  P96000103520  ******141.25			Suite, Apt. #	, Apt. #, etc.				
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200027450822 -01/15/9901126014 ****282.50 ****141.25		Address of Each Genera	l Partner	*		11c.		
-01/15/9901126014 ****282.50 ****141.25	PREFERRED VISION CARE, INC.	701 WEST CYPRESS CREEK		FT.				
					-01/15/	′9901	126014	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.	Note: Conord perfore WAY NOT	no changed on this form	ar an am	andme	nt must be filed to sha	nge 2 ge	141.25	

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE PREFERED VISI	on Care, Inc. Ally reserved	DATE 12/22/98
V. V. V. V. L	1 . // / /	
Typed or Printed Name of General Partner Signing Form _	PRETENTED USion Come INC.	Daytime Telephone Number <u>954-267-077</u>
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