FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F49861 (0)

1. Corporation Name

PERFECT VISION CENTER, INC.

Principal Place of Business	Mailing Address
14587 S. MILITARY TRAIL DELRAY BEACH FL 33484 US	14587 S. MILITARY TRAIL DELRAY BEACH FL 33484 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1981
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc: 22 / 27
City & State: 23 / 28
Zip: 24 / 29
Country: 25 / 30

4. FEI Number: 59-2125452 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

COHEN, SALLY
14587 S. MILITARY TRAIL
DELRAY BCH FL 33484

10. Name and Address of New Registered Agent

81 Name: COHEN, GARY
82 Street Address (P.O. Box Number is Not Acceptable): 14587 S MILITARY TRAIL
83
84 City: DELRAY BEACH FL 85 Zip Code: 33484

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 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 4-28-95

12. OFFICERS AND DIRECTORS

TITLE	~~VD~~ PDS
NAME	COHEN, GARY D 2-V
STREET ADDRESS	22136 PALMS WAY
CITY-ST-ZIP	BOCA RATON FL
TITLE	STD
NAME	~~COHEN, SALLY~~
STREET ADDRESS	~~7151 ASHFORD LN~~
CITY-ST-ZIP	~~BOYNTON BCH FL~~
TITLE	VD
NAME	~~COHEN, RICHARD J 1-V~~
STREET ADDRESS	~~17256 NORTHWAY CIR~~
CITY-ST-ZIP	~~BOCA RATON, FL 00000~~
TITLE	PD
NAME	~~COHEN, MORRIS M~~
STREET ADDRESS	~~7151 ASHFORD LN~~
CITY-ST-ZIP	~~BOYNTON BCH FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	PDS	☒ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-95 (Date) 407-498-4477 (Daytime Phone #)

0277464 CP