SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # F73399   (0)
1. Corporation Name

STRONG VISION CENTER, INC.

Principal Place of Business	Mailing Address
108 W. ROBERTSON BRANDON FL 33511	108 W. ROBERTSON BRANDON FL 33511

	3. Date Incorporated or Qualified	3a. Date of Last Report
	03/24/1982	03/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	**26**	59-2226965	Not Applicable
Suite, Apt #, etc **22**	Suite, Apt #, etc **27**	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State **23**	City & State **28**	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip **24**	Country **25**	Zip **29**	Country **30**

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

9. Name and Address of Current Registered Agent

STRONG, MARION G.
108 W. ROBERTSON ST.
BRANDON FL 33511

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **P** ☐ DELETE	1 1 TITLE ☐ Change ☐ Addition
NAME **STRONG, MARIAN G**	1 2 NAME
STREET ADDRESS **108 W. ROBERTSON ST.**	1 3 STREET ADDRESS
CITY-ST-ZIP **BRANDON FL 33511**	1 4 CITY-ST-ZIP
TITLE ☐ DELETE	2 1 TITLE ☐ Change ☐ Addition
NAME	2 2 NAME
STREET ADDRESS	2 3 STREET ADDRESS
CITY-ST-ZIP	2 4 CITY-ST-ZIP
TITLE ☐ DELETE	3 1 TITLE ☐ Change ☐ Addition
NAME	3 2 NAME
STREET ADDRESS	3 3 STREET ADDRESS
CITY-ST-ZIP	3 4 CITY-ST-ZIP
TITLE ☐ DELETE	4 1 TITLE ☐ Change ☐ Addition
NAME	4 2 NAME
STREET ADDRESS	4 3 STREET ADDRESS
CITY-ST-ZIP	4 4 CITY-ST-ZIP
TITLE ☐ DELETE	5 1 TITLE ☐ Change ☐ Addition
NAME	5 2 NAME
STREET ADDRESS	5 3 STREET ADDRESS
CITY-ST-ZIP	5 4 CITY-ST-ZIP
TITLE ☐ DELETE	6 1 TITLE ☐ Change ☐ Addition
NAME	6 2 NAME
STREET ADDRESS	6 3 STREET ADDRESS
CITY-ST-ZIP	6 4 CITY-ST-ZIP

CR2E034 (3/96)

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)(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: *Marian H. Strong*   4-2-96   813-681-3205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR