FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

STREET ADDRESS

CIGNATURE.

CITY-ST-7IP

FILED **PROFIT** May 15 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Socretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0) STRONG VISION CENTER, INC. Principal Place of Business Mailing Address 108 W. ROBERTSON 108 W. ROBERTSON **BRANDON FL 33511 BRANDON FL 33511** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/24/1982 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 2128 Jim 112 BARKfield St 59-2226965 Not Applicable Suite, Apt. #. etc \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing PLANT CIT BRANDSA Trust Fund Contribution Added to Fees 23 This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STRONG, MARION G. 109 W. ROBERTSON ST. Street Address (P.O. Box Number is Not Acceptable) BANKfield ST. BRANDON FL 33511 DRANdon 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statules, 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. Lam familiar with, and accept the obligations of, Section 607 0506, Florida Statutes. (NOTE: Registered Agent signature required when reliistating) OFFICERS AND DIBECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE TITLE 1.2 NAME STRONG, MARIAN G NAME 108-W. ROBERTSON ST. 1.3 STREET ADDRESS STREET ADDRESS BRANDON FL 335Th 1.4 CITY-ST-ZIP CITY-ST ZIP DELETE 21 TIFLE TITLE 22 NAME NAME STREET ADDRESS 23 STREET ADDRESS 2 4 CHY - ST - ZIP CITY-ST ZIP ☐ Change ___ Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 44 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-74P Change Addition DELETE 6 1 TITLE TITLE 62 NAME NAME

63 STHEET ADDRESS

4.29-98

64 CITY-ST-ZIP

14. Thereby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an allochiment with an address

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