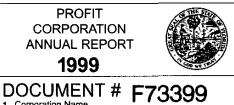
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90031 012 \*\*\*150.00

STRONG	G VISION CENTER, INC.									
Principal Place	e of Business	Mailing Address						INI BIBIL 81811		
2128 JIM REDA		112 BARKFIELD ST								
PLANT CITY FL 33566 BRANDON FL 33511										
US US						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 03/24/1982				
2. Principal Place of Business 2a. Mailing Address			_			4. FEI Number		An	plied For	
	idee of Business	26	Ividinity Address			59-2226965		_ <del> </del>	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75		
22		27				5. Certifcate of Status Desired		Fee Re	quired	
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added t	o Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the curren	t year Inta	angible	_	
24	25	29	30			Personal Property Tax.		□Yes	□No	
	9. Name and Address of Currer	t Registered Agent		241	•1	10. Name and Address of New Reg	istered /	Agent		
OTD:	ONC MADION C			81	Name	•				
	ong, marion G. Barkfield St			82	Street Addre	ss (P.O. Box Number is Not Acceptabl	e)			
	NDON FL 33511									
DIVA	NDON FL 33311			83						
ı				84	City			85 Zip (	Code	
		. 1007 (500 Ft. 11. O	- 45	1			FL	changing ite	rogistered	
office or r	egistered agent, or both, in the State.	of Florida. Such change was at	ıthonzed	i by th	named corpo e corporatior	ration submits this statement for the pun's board of directors. I hereby accept t	rpose or he appoir	itment as re	gistered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Stat	utes.					Į.	
SIGNATURE		Alove	Canlatarad	- Acoust a	ignature required	tubes reinstation)	DATE			
12.	Signature, typed or printed name of registered age	ID DIRECTORS	13.	Agent s	ignature reduied	ADDITIONS/CHANGES TO OFFIC		D DIRECTO	RS IN 12	ç
TITLE	Р	☐ DELETE	1.1 TI	TLE				Change	Addition	7
NAME	STRONG, MARIAN G		1.2 NAME							,
STREET ADDRESS	2128 JIM REDMAN PKWY		1.3 STREET		DORESS					È
CITY-ST-ZIP	PLANT CITY FL 33566		1.4 CITY-ST-ZIP		žIP					
TITLE		☐ DELETE	2.1 ∏	2.1 TITLE				☐ Change	☐ Addition	(
NAME			2.2 N	2.2 NAME						
STREET ADDRESS			2.3 STREET		DDRESS				[1	
CITY-ST-ZIP			2.40	ITY-ST-	ZIP					
TITLE		☐ DELETE	3.1 TI	TLE				Change	☐ Addition	
NAME			3.2 N/	AME						
STREET ADDRESS			3.3 S	TREET A	DDRESS					
CITY-ST-ZIP			3.4. C	ITY-ST-	ZIP					
TITLE		☐ DELETE	4.1 TI	TLE				Change	Addition	
NAME			4.2 N	IAME.						
STREET ADDRESS			4.3 S	TREET A	DDRESS					
CITY-ST-ZIP			4.4 CI	TY-ST-Z	žiP					
TITLE			5.1 TI	TLE		<u> </u>		Change	Addition	
NAME		☐ DELETE			ı	<del></del>				
STREET ADDRESS		☐ DELETE	5.2 N							
CITY-ST-ZIP		∐ DELETE	5.3 \$	FREET A	DDRESS					
			5.3 \$1 5.4 CI	TY-ST-Z						
TITLE		☐ DELETE	5.3 S 5.4 Cl 6.1 Π	TY-ST-Z				Change	Addition	
TITLE	The second second		5.3 S <sup>*</sup> 5.4 Cl 6.1 Tl 6.2 No	TY-ST-Z TLE AME	ZIP		···	☐ Change	Addition	
TITLE	Section 1		5.3 S <sup>*</sup> 5.4 Cl 6.1 Π 6.2 N	TY-ST-Z TLE AME	DDRESS			Change	☐ Addition	

CITY-ST-ZIP 14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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