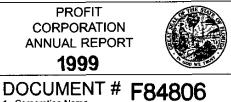
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

R.B.H. OPTICIANS, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90002 020 ***150.00



•	•	;						
Principal Place of Business Mailing Address						. I 1001100 1101 10111 21001 12111 20112 2111 21211 21211 21211 21211 21211 21211 21211 21211 21211 21211 21211	,	
4923 COCONUT CREEK PKWY. 4923 COCONUT CREEK PKW COCONUT CREEK FL 33063 COCONUT CREEK FL 33063						DO NOT WRITE IN THIS SPACE		
	ھ					3. Date Incorporated or Qualifed	\neg	
						06/10/1982		
2 Principal Pl	ace of Business	2a. Malling Ad	dress			4. FEI Number . Applied For		
21 26						59-2269270 Not Applicate	re-	
Suite, Apt.	#. etc.		Suite, Apt. #, etc.			\$8.75 Additional		
22	,	27	27			5. Certificate of Status Desired Fee Required		
City & State	94		City & State			6. Election Campaign Financing \$5.00 May Be		
23	,	28	8			Trust Fund Contribution Added to Fees		
Zip	· Country	Zip	Zip Count			8. This corporation owes the current year Intangible		
24	25	25 29 30				Personal Property Tax. Yes No		
•	9. Name and Address of C	urrent Registered Ager	ıt			10. Name and Address of New Registered Agent		
COLDONIEL BORERT				81	Name			
GOLDSMITH, ROBERT				82	Street A	Address (P.O. Box Number is Not Acceptable)		
5039 KENSINGTON CIR								
COR	AL SPRINGS FL 33076			83			1	
			1	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		<u> </u>						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				egistered Agent signature require			6	
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	L	DELETE	1.1 TITLE				
NAME	GOLDSMITH, ROBERT			1.2 NAME	1	`	8	
STREET ADDRESS 4991 N.W. 102ND DRIVE				1.3 STREET ADDRESS		•	{	
CITY-ST-ZIP	CORAL SPRINGS FL			1.4 CITY-S	T- ZIP	☐ Change ☐ Addii	(
TITLE		. L	DELETE	2,1 TITLE		Change Addi	" "	
NAME				2.2 NAME			- }	
STREET ADDRESS				2.3 STREE				
CITY-ST-ZIP			DELETE	2.4 CITY-S	ST-ZIP	☐ Change ☐ Addi	tion	
TITLE		L	DELETE	3.1 TITLE		Change — Add		
NAME				3.2 NAME				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP				3.4. CITY-S	T-ZIP			

6.4 CITY-ST-ZIP 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.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY+ST+ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY ST ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

<u>REQUIRED</u> PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

☐ DELETE

☐ Change

Change

☐ Change

☐ Addition

☐ Addition

☐ Addition