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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003516 (2)

**OUTLOOK VISION SERVICES, INC.** 

Mailing Address

Principal Place of Business 200 S. ANDREWS, 6TH FLOOR FT LAUDERDALE FL 33301

200 S. ANDREWS, 6TH FLOOR FILLAUDERDALE FL 33301-1884 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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				08/03/1	•	3a. Date of 04/08/1	
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21 450 E	EAST LAS CIAS BLVD		: Olas B	VD. 65-02:	22479		Not Applicab
Suite Apt. (	# etc.	Suite, Apt. #, etc. 27 SUITE 15	00	5. Certificate	of Status Desired	1 7 7	1.75 Additional Fee Required
City & State	SUDERDALE FC	City & State 28 F4. LAUNER	NACE F	( (	ampaign Financing  d Contribution		5.00 May Be
Zip _	Country	Zip	Country	***************************************			
24 33	30   25 USA	120 33801 13	- 11	Florida St		Yes 🗌 No	
	9. Name and Address of Current			10. Name an	d Address of New Re	gistered Agent	<u> </u>
	OLAS FINANCIAL SERVICES CO		81 Name				
	S. ANDREWS AVE., 6TH FLOOR	1	82 Street	Address (P.O. Box No	umber is Not Acceptab	ole)	
, <b>FT.</b> ∃	LAUDERDALE FL 33301						
			83				
			84 City			FL 85	Zip Code
11 Buscuset I	to the provisions of Costons 507 0500	and 607 1508 Florida Statutos	the shows name	Lograngian submits	this statement for the n	ourness of oben	noing its registers
office or re	to the provisions of Sections 607,0502 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au itions of Section 607 0505. Flori	thorized by the co	poration's board of di	rectors. I hereby accep	pt the appointm	ent as registered
l ego., . u	guide de la constant						
SIGNATURE		HIDTO	0	* ***			
	Signature, typed or product name of registered age:		Registered Agent aignatur		SICHANGES TO OFFIC	DATE YERS AND DIRE	CTORS IN 12
12.	Signature. Typed or printed name of registered age: OFFICERS AND	DIRECTORS	13.		S/CHANGES TO OFFIC	ERS AND DIRE	
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To nevery certify that the miormation supplied with this litting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Figure 1 for the miormation indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made nath; the laman officer or director of the corporation or the regeiver 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 chyrigen, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

954-627-52W

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