

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

FILED

Feb 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002627 (6)

1. Corporation Name  
EYE CARE INTERNATIONAL, INC.

Principal Place of Business

7411 114TH AVE. N. #302  
LARGO FL 33773  
US

Mailing Address

7411 114TH AVE. N. #302  
LARGO FL 33773  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1995

4. FEI Number

59-3206480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

MARCUS, CLARK CEO  
7411 114TH AVE. N. #302  
LARGO FL 33773

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

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	MARUS, CLARK A.	
STREET ADDRESS	7411 114TH AVE N. #302	
CITY-ST-ZIP	LARGO FL	

TITLE	VDS	<input type="checkbox"/> DELETE
NAME	KOENIG, JAMES L	
STREET ADDRESS	7411 114TH AVE N. #302	
CITY-ST-ZIP	LARGO FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROWN, THOMAS W.	
STREET ADDRESS	7411 114TH AVE N. #302	
CITY-ST-ZIP	LARGO FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	RAY, SHARON KAY	
STREET ADDRESS	7411 114TH AVE N. #302	
CITY-ST-ZIP	LARGO FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ABRAHAMSON, RICHARD I. MD	
STREET ADDRESS	7411 114TH AVE N. #302	
CITY-ST-ZIP	LARGO FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KOCH, WILLIAM H.	
STREET ADDRESS	7411 114TH AVENUE #302	
CITY-ST-ZIP	LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HANDWERGER, STEVEN	
1.3 STREET ADDRESS	7411 114th Ave. N. #302	
1.4 CITY-ST-ZIP	LARGO, FL. 33773	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VELIGDAN, ROBERT, M.D.	
2.3 STREET ADDRESS	7411 114th Ave N. #302	
2.4 CITY-ST-ZIP	LARGO, FL. 33773	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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.

SIGNATURE: James L. Koenig James L. Koenig 1/5/98 (813) 545-1002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0404713

CR2E034 (1097)