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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

May 09 1997 8:00am

Secretary of State

1997

NAME

STREET ADDRESS

DOCUMENT # F95000002951 (0)

COLE MANAGED VISION, INC.

Mailing Address Principal Place of Business C/O COLE VISION CORPORATION C/O COLE VISION CORPORATION 18903 SOUTH MILES ROAD 18903 SOUTH MILES ROAD **CLEVELAND OH 44128-4245 CLEVELAND OH 44128** 3a. Date of Last Report 3. Date Incorporated or Qualified 04/26/1996 06/19/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 34-1795292 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Country Zip Yes Florida Statutes 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 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 (NOTE: Registered Agent signature required when recistal ug) Signature, typed or printed name of registered agent and tille if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS Addition DELFIE Change COBD 1.1 TILLE TITLE COLE, JEFFREY A 1.2 NAME NAME **5915 LANDERBROOK DRIVE** 1.3 STREET ADDRESS STREET ADDRESS MAYFIELD HEIGHTS OH 44124 CITY-ST-ZIP 1.4 C(TY-ST-Z)P Change Addition DELETE PD 2 1 1IILE TITLE SMITH, BRIAN B 22 NAME NAME 18903 SOUTH MILES ROAD 2.3 STREET ADDRESS STREET ADDRESS WARRENSVILLE HEIGHTS OH 44128 CITY-ST-ZIP 2 4 CHY-ST-7IP Change Addition DELFTE 3.1 TITUE RES TITLE OSGOOD, DENNIS C 3.2 NAME NAME 18903 SOUTH MILES ROAD 3.3 STREET ADDRESS STREET ADDRESS WARRENSVILLE HEIGHTS OH 44128 3.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 4.1 111LE TITLE GAGLIOTI, JOSEPH 4 2 NAME **5915 LANDERBROOK DRIVE** STREET ADDRESS 4,3 \$1REE1 ADDRESS **MAYFIELD HEIGHTS OH 44124** 4.4 CITY - ST - ZIE CITY-ST-ZIP Change Addition DELFTE 5 1 1MLE TITLE MOSLEY, WAYNE 5.2 NAME NAME **5915 LANDERBROOK DRIVE** 5.3 STREET ADDRESS STREET ADDRESS MAYFIELD HEIGHTS OH 44124 54 CITY-ST-ZIF CITY-ST-ZIP DELETE Change Addition 611011 TITLE MANCE

6.3 STREET ADDRES

6.4 CITY-ST-ZI

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes fieldly 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 of a man 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 mane appears in Block 12 or Block 13 if changed, or on an attachment with an address.