

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F95000002951 (0)**

1. Corporation Name

**COLE MANAGED VISION, INC.**

Principal Place of Business

**C/O COLE VISION CORPORATION  
18903 SOUTH MILES ROAD  
CLEVELAND OH 44128**

Mailing Address

**C/O COLE VISION CORPORATION  
18903 SOUTH MILES ROAD  
CLEVELAND OH 44128**

FILED  
May 12 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/19/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**34-1795292**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

23 Zip

Country

28 Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**COBD**

☐ DELETE

NAME

**COLE, JEFFREY A  
5915 LANDERBROOK DRIVE  
MAYFIELD HEIGHTS OH 44124**

STREET ADDRESS

CITY-ST-ZIP

TITLE

**VD**

☐ DELETE

NAME

**SMITH, BRIAN B  
18903 SOUTH MILES ROAD  
WARRENSVILLE HEIGHTS OH**

STREET ADDRESS

CITY-ST-ZIP

TITLE

**P**

☐ DELETE

NAME

**OSGOOD, DENNIS C  
18903 SOUTH MILES ROAD  
WARRENSVILLE HEIGHTS OH**

STREET ADDRESS

CITY-ST-ZIP

TITLE

**T**

☐ DELETE

NAME

**GAGLIOTI, JOSEPH  
5915 LANDERBROOK DRIVE  
MAYFIELD HEIGHTS OH 44124**

STREET ADDRESS

CITY-ST-ZIP

TITLE

**AT**

☐ DELETE

NAME

**MOSLEY, WAYNE  
5915 LANDERBROOK DRIVE  
MAYFIELD HEIGHTS OH 44124**

STREET ADDRESS

CITY-ST-ZIP

TITLE

**S**

☐ DELETE

NAME

**SHERRIFF, DAVID T  
5915 LANDERBROOK IN, 300  
CLEVELAND OH**

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WAYNE L. MOSLEY**

**MANAGING TREASURER**

0600000

CR2E034 (10/97)