


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
DOCUMENT # F96000000176 (5) 1. Corporation Name PARTNERS IN VISION INTERNATIONAL INC.																																																																																																																																																					
Principal Place of Business 3645 RUFFIN RD SUITE 125 SAN DIEGO CA 92123			Mailing Address 3645 RUFFIN RD SUITE 125 SAN DIEGO CA 92123-1868																																																																																																																																																		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 01/09/1996																																																																																																																																																	
24		25		3a. Date of Last Report 01/09/1996																																																																																																																																																	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		4. FEI Number 45-0406814																																																																																																																																																	
24		25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																	
24		25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																	
24		25		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.																																																																																																																																																					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																																					
12. OFFICERS AND DIRECTORS																																																																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">CP</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> DELETE</td> <td style="width:10%;">1.1 TITLE</td> <td style="width:30%;">P/D</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>LEIBEL, ROBERT</td> <td></td> <td>1.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5847 ARBOLES ST</td> <td></td> <td>1.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAN DIEGO CA 92123</td> <td></td> <td>1.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VCV</td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td>2.1 TITLE</td> <td>V/D</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MATSON, RICHARD</td> <td></td> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11395 LEGACY TERRACE</td> <td></td> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAN DIEGO CA 92131-3552</td> <td></td> <td>2.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td>3.1 TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SYMINGTON, GARY</td> <td></td> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5996 WENRICH PLACE</td> <td></td> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAN DIEGO CA 92120</td> <td></td> <td>3.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td>4.1 TITLE</td> <td>D</td> <td style="text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>4.2 NAME</td> <td>Steve Hasbroke</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>4.3 STREET ADDRESS</td> <td>3645 Ruffin Rd. 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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. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.																																																																																																																																																					
SIGNATURE: <u>Richard Matson</u> REQUIRED																																																																																																																																																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																																					

1-29-97 (619)268-0107

CR2E037 (9/96)