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Secretary of State

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0024398

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004640

1. Corporation Name

PROGRESSIVE VISION INTERNATIONAL, INC.

Principal Place of Business

2504 CARDAMON AVE
 COOPER CITY FL 33026

Mailing Address

2504 CARDAMON AVE
 COOPER CITY FL 33026



2. Principal Place of Business

21 **TEMPLE ARON HAKODESH**

2a. Mailing Address

26 **TEMPLE ARON HAKODESH**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **4751 NW 24th CT.**

27 **4751 NW 24th CT.**

City & State

City & State

23 **LAUDERDALE LAKES, FL**

28 **LAUDERDALE LAKES**

Zip

Country

Zip

Country

24 **33319**

25 **USA**

29 **33319**

30 **USA**

9. Name and Address of Current Registered Agent

HESS, TOM
2504 CARDAMON AVE
COOPER CITY FL 33026

3. Date Incorporated or Qualified

09/04/1997

4. FEI Number

23-2062334

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

10. Name and Address of New Registered Agent

81 Name

← SAME PERSON →

82 Street Address (P.O. Box Number is Not Acceptable)

TEMPLE ARON HAKODESH

83

4751 NW 24th CT.

84 City

LAUDERDALE LAKES, FL

85 Zip Code

33319

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE
 NAME **HESS, THOMAS D**
 STREET ADDRESS **1130 CREEK RD**
 CITY-ST-ZIP **LEDLA PA 17540**

TITLE **D** ☐ DELETE
 NAME **BERNIS, JONATHAN**
 STREET ADDRESS **77 PLAYER CLUB VILLAS**
 CITY-ST-ZIP **PONTE VEDRE FL 32082**

TITLE **D** ☐ DELETE
 NAME **SEGAL, BARRY**
 STREET ADDRESS **31054 OAK VALLEY**
 CITY-ST-ZIP **FARMINGTON HILLS MI 48331**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE
 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/99 954-485-8491

Date

Daytime Phone #

CR2E037 (11/98)