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

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90233 042 ***150.00

DOCUMENT # **F98000001138**

1. Corporation Name
SUPERIOR VISION PLAN, INC.

Principal Place of Business	Mailing Address
24012 CALLE DE LA PLATA SUITE 350 LAGUNA HILLS CA 92653	24012 CALLE DE LA PLATA SUITE 350 LAGUNA HILLS CA 92653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 02/27/1998
4. FEI Number: 13-3741352 ☐ Applied For ☐ Not Applicable
5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CEOD	☐ DELETE
NAME	CORBETT, RICK	
STREET ADDRESS	7185 SIERRA DRIVE	
CITY-ST-ZIP	GRANITE BAY CA 95746	
TITLE	D	☐ DELETE
NAME	FRITCH, CHARLES D DR	
STREET ADDRESS	12200 SNOW RD	
CITY-ST-ZIP	BAKERSFIELD CA 93312	
TITLE	D	☐ DELETE
NAME	MERRIAM, WILLIAM R	
STREET ADDRESS	25 GIDEONS POINT RD	
CITY-ST-ZIP	TONKA BAY MN 55331	
TITLE	D	☐ DELETE
NAME	LUND, JAMES L	
STREET ADDRESS	9595 WILSHIRE BLVD	
CITY-ST-ZIP	BEVERLY HILLS CA 90212	
TITLE	D	☐ DELETE
NAME	DESTEFANO, DESIREE	
STREET ADDRESS	555 THEODORE FREMD AVE #B-302	
CITY-ST-ZIP	RYE NY 10580	
TITLE	TSD	☐ DELETE
NAME	JACOBSEN, ROGER D	
STREET ADDRESS	3537 DUNBAR KNOLL	
CITY-ST-ZIP	BROOKLYN PARK MN 55443	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] 4/23/99 (916) 859-6218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)