## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 16, 2002 8:00 am Secretary of State

|   |   |  |   |  |                                  | 94-16-2002 90143 015 ***158.75  |  |   |  |
|---|---|--|---|--|----------------------------------|---|--|---|--|
| DOCU<br>1. Entity Nar   | IMENT # 6 895   | 83 L   |   |  |                                  | 0110200   | ,2 ) 01 13                                       | 013 130.73  |  |
| RX LENSES, INC  |   |  |   |  |                                  | Unboni  |  |   |  |
| DO NOT WRITE IN THIS SPACE  |   |  |   |  |                                  | 830436  |  |   |  |
| 2 Deineinal I   | Place of Business   | 3. Mailing Address   |   |  |                                  |   |  |   |  |
|   |   |  | 1   | 0 1  |                                  |   |  |   |  |
| Suite, Apt  | . M. etc.   | 0086 W n<br>Suite, Apt. #, etc.  | 1 CNab  | Koad   | -                                | DO NOT WRIT   | E IN THIS SI                                     | PACE  |  |
| City & State  City & State  Tamarac FL  |   |  | FL  |  |                                  | El Number 59-2411224  |  | Applied For<br>Not Applicable   |  |
| 7:  | Zip Country 33321 US 33321  |  | Country   |  | 5. (                             | Certificate of Status Desired   |  | 8.75 Additional   |  |
| 222   | XI  | <u> </u>   | <u> </u>  | 2  |                                  |   |  | ee Required   |  |
| سنس والإستان  | <u>ئىنىڭ ئەرىدىنى بىرىسى بىلەش بىلىنىڭ ئىسىنى ئايدىن ئايدىنى</u>  | e andre in the state of the sta |   | - Name —   | 7. Na                            | me and Address of Current   | Registered A                                     | Agent   |  |
| 5 = 1   | DO NOT W  | TITE   |   | - Ivanie — —   |                                  |   |  | -   |  |
| DO NOT WRITE  |   |  |   | Street Address   | (P.O. B                          | (P.O. Box Number is Not Acceptable)   |  |   |  |
| 4   | IN THIS SP  | ACE  |   |  |                                  |   | <del>.</del>                                     |   |  |
|   |   | NOL.   | ž. į  |  |                                  |   |  |   |  |
| 13  | :   | 4.   |   | City   |                                  | ***************************************   | FL   | Zip Code  |  |
|   |   |  |   |  |                                  | ***************************************   |  |   |  |
| 8. The above  | e named entity submits this statement for t   | the purpose of changing  | g its registere   | ed office or registe   | ered ago                         | ent, or both, in the State of Flo   | rida.  |   |  |
|   |   |  |   |  |                                  |   |  |   |  |
| SIGNATURE   | Signature, typical or prirated name of registered agent an  | dutie if applicable.   | NOTE: Regraterer  | # Agent signature require                                      | ed when te                       | nstation)   | DATE   |   |  |
|   |   |  |   |  |                                  |   |  | ***************************************                               |  |
| 9. This corporation is eligible to satisfy its Intangible  Tag filing country most and electric to do so.  After May 1, F |   |  |   | s \$550.00   |                                  | 10. Election Campaign Fina  | ancing   | \$5.00 May Be   |  |
| (Soo criteda an back) Amended U   |   |  | ded UBR i   | R is \$61.25 Trust Fund Contribution.   Added to Fees          |                                  |   |  |   |  |
| 11.   |   | Make Check Pa  | yable to De   | partment of St   | ate                              | *   |  |   |  |
| TITLE   | OFFICERS AND D  | •  | 707.6   |  |                                  |   | . :  |   |  |
| NAME  | Pound, W. Latry   |  | TITLE<br>NAME   | Į.   |                                  | :   |  | 2,04  |  |
| STREET ADDRESS  | in and the man Alahi Kand   |  |   | ET ADDRESS   |                                  |   |  |   |  |
| CITY- ST-ZIP  | Tagarac, FL 3332  |  | 1   | ST-ZiP   | -                                |   |  | 746   |  |
| TITLE   | 200   |  | TITLE   |  |                                  |   |  | CBOER348 (12)   |  |
| NAME  | Long, Hazel   | ۵.   | NAME  | 1  |                                  |   |  | à   |  |
| STREET ADDRESS  | 1008E M WENGE KO  | 4  | STREE   | T ADDRESS  |                                  |   |  |   |  |
| CITY-S1-ZIP   | Tamarac, FL 3332  | , I  | CITY-   | ST-ZIP   |                                  |   |  |   |  |
| TITLE   | Director<br>John D. Palmer<br>10086 W McNab   |  | THLE  |  |                                  |   |  |   |  |
| NAME  | John D. Palmer  | Road   | NAME  |  |                                  |   |  |   |  |
|   | Tamarac, FL 3336  | 21   |   | TADDRESS   |                                  | DO-NOT-   | WRIT   |   |  |
| CITY-ST-ZIP   | Idmarac, re 3330  | ~·   |   | ST-ZIP   |                                  |   | <del></del>                                      |   |  |
| TULE  |   |  | TOTUE   |  |                                  | IN THIS S   | SPAC   | Æ   |  |
| NAME<br>STREET ADDRESS  |   |  | NAME  | T-ADDRESS  |                                  |   |  |   |  |
| CITY-ST-ZIP   |   |  |   | ST-ZIP   |                                  | and the second  |  | 7   |  |
| TITLE   |   |  | TITLE   |  |                                  |   |  |   |  |
| NAME  |   |  | NAME  | ]  |                                  |   |  |   |  |
| STREET ADDRESS  |   |  |   | F ADDRESS  |                                  | •   |  |   |  |
| CITY-ST-ZIP   |   |  | CITY-   | ST-ZIP   |                                  |   |  |   |  |
| TITLE   |   |  | TITLE   |  |                                  |   |  |   |  |
| NAME  | •   |  | NAME  |  |                                  |   |  |   |  |
| STREET ADDRESS  |   |  | E 1   | T ADDRESS  |                                  | 4.  |  |   |  |
| CHY-SI-ZIP  |   |  | . "1  | ST-ZIP   |                                  |   |  |   |  |
| indicated<br>of the cor   | cettly that the information supplied with the<br>on this report or supplemental report is tri-<br>poration or the receiver or trustee empoy<br>nt with an address, with all other like emports. | ue and accurate and the<br>vered to execute this re  | r for the exemating for the exemple of the exemple | aption stated in Se<br>are shall have the<br>ired by Chapter 6 | ection 1<br>same le<br>507, Flor | 19.07(3)(i), Florida Statutes. E<br>gal effect as if made under or<br>ida Statutes, and that my nan | further certify<br>ath: that Lam<br>ne appears i | that the information<br>an officer or director<br>n Block 11 or on an |  |