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Feb 03 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H66231

(2)

1. Corporation Name

DELRAY OPTICAL SERVICES, INC.



Principal Place of Business

% A. BOB JACOBY
16201 SOUTH MILITARY TRAIL
DELRAY BEACH FL 33484

Mailing Address

% A. BOB JACOBY
16201 SOUTH MILITARY TRAIL
DELRAY BEACH FL 33484-6503

3. Date Incorporated or Qualified

07/15/1985

3a. Date of Last Report

02/23/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOBY, A. BOB
16201 SOUTH MILITARY TRAIL
DELRAY BEACH FL 33484

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME EAKIN, DONALD W.
STREET ADDRESS 2900 E. OAKLAND PK BLVD
CITY-ST-ZIP FORT LAUDERDALE FL ☒ DELETE1.1 TITLE DIRECTOR
1.2 NAME BARBARA A. JACOBY
1.3 STREET ADDRESS 9713 NW 42 COURT
1.4 CITY-ST-ZIP SUNRISE FL 33351 ☐ Change ☒ AdditionTITLE P
NAME JACOBY, BOB A.
STREET ADDRESS 5210 LINTON BLVD. #103A
CITY-ST-ZIP DELRAY BEACH FL ☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 16201 S. MILITARY TRAIL
2.4 CITY-ST-ZIP DELRAY BEACH FL 33484-6503 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP ☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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

A. BOB JACOBY

1/27/97

561-498-7500

Date

Daytime Phone #

CR2E034 (9/96)