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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

H71218

(2)

EVA KAREN BOSWELL, OPTOMETRIST, O.D., PROFESSION AL ASSOCIATION

FILED Apr 27 1998 8:00am Secretary of State



Principal Plac	Place of Business Mailing Address				- 1 cantats dete laste contact tinal face distri and tinal distri activi section at the title			
\$25-W:-UNION STREET 625-W:-UNION STREET								
SUITE 8 SUITE 8					DO NOT INDITE	IN THE CO.	C.F.	
JACKSONVILL	ONVILLE FL 92202 - JACKSONVILLE FL 92202 -				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 08/13/1985			
Principal P	lace of Business	2a. Mailing Address			4. FEI Number		1 1	oplied For
32	Rlanding Rlyd.	26 5132 B	Lund	ing Bly				ot Applicable
Suite, Apt.	W. etc.	Suite, Apt. #, etc.	10(1)4	, <u>g 0.16</u>	1			Additional
22	.,	27			Certificate of Status Desired			equired
City & Stat	0	City & State		_,	8. Election Campaign Financing		\$5.00	May Be
	Ksunuille 191	28 Juckson VII	<u>e r</u>	1.	Trust Fund Contribution			to Fees
24 Zip 322	10 25 Duval	29 300 3	Country D	Val	This corporation owes or has pa Personal Property Tax due June			tangible No
24 000	9. Name and Address of Curren		0, 50		10 Name and Address of New Re			
WALKER, WILLE J. 81 Name								
400 EAST MOMOR OTHERT								
JACKSONVILLE FL 32202				Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
	ONSONVILLE PE SEZUE		83					
			84	City		FL ^{(*}	15 Zip	Code
11 Pursuant	to the provisions of Sections 607 0503	2 and 607 1508 Florida Statutes	the abov	e-named corpo	oration submits this statement for the p	urpose of ch	anging i	ts registered
office or r	registered agent, or both, in the State	of Florida, Such change was au	thorized b	y the corporation	on's board of directors. I hereby accep	t the appoin	lment as	registered
· -	im tamiliar with, and accept the obliga	mons of, Section 607.0505, Fior	ida Statute	S.				
SIGNATURE	Signature, typed or printed name of registered ager	or and tille if applicable (NOTE	Registered Ag	ent signature require	d when reinstating)	DATE	_	
12.	OFFICERS AND		13.	<u>`</u>	ADDITIONS/CHANGES TO OFFICE	ERS AND DI	RECTOR	RS IN 12
TITLE	•	DELETE	1.1 TITLE				Change	Addition
NAME	BOSWELL, E. KAREN		1.2 NAME	1				
STREET ADORESS	625 W. UNION STREET		1.3 STREET	T-ADDRESS	•			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CiTY-5	ST-ZIP				
TITLE	DELETE 2		2.1 TITLE				Change	Addition
NAME			2.2 NAME)				
STREET ADORESS			2.3 STREET	I ADDRESS				
CITY-ST-ZIP			2 4 CRY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME	1				
STREET ADDRESS			3.3 STREET	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME	l				
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			62 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY - S	1				
3117 37 EH			45-0-0-0-0-0	tion stated in S	Pastian 440.07(2)(i) Eletido Statutos I	hurther earlif.	At al the	information

indicated on this annual report or supplied with this rilling 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.