

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H89692 (8)

1. Corporation Name

ACCU-VISION OPTICAL OF TARPON SPRINGS, INC.



Principal Place of Business

706 E TARPON AVE  
TARPON SPRINGS FL 34689  
US

Mailing Address

1015 PT. SEASIDE DR  
P. O. BOX 588  
CRYSTAL BEACH FL 34681  
US

2. Principal Place of Business

2a. Mailing Address

21 40966 U.S. Hwy. 19N. 26 300 Woodette Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 Tarpon Springs, FL

27 # 204 E  
28 City & State  
Dunedin, FL

24 Zip 34689 25 Country U.S.

29 Zip 34698 30 Country U.S.

3. Date Incorporated or Qualified  
12/12/1985

3a. Date of Last Report  
05/01/1995

4. FEE NUMBER  
57-2614634  
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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEYMAN, STEVEN E  
1015 PT SEASIDE DR  
PO BOX 588  
CRYSTAL BCH FL 34681

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Steven E. Heyman* (Steven E. Heyman) President

1-18-96  
DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME HEYMAN, STEVEN E.  
STREET ADDRESS 706 E TARPON AVE  
CITY-ST-ZIP TARPON SPRINGS FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD  
1.2 NAME Heyman, Steven E.  
1.3 STREET ADDRESS 706 E TARPON AVE  
1.4 CITY-ST-ZIP TARPON SPRINGS, FL 34689  
☒ Change ☐ Addition  
Address change only

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

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

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

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

6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address

SIGNATURE:

*Steven E. Heyman* President (Steven E. Heyman) 1/18/96 813 (734-8843)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)