

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J27868**

(5)

1. Corporation Name

**EYE OPTICS OF BOCA, INC.**



Principal Place of Business

**9080 KIMBERLY BLVD.  
 BOCA RATON FL 33434**

Mailing Address

**9080 KIMBERLY BLVD.  
 BOCA RATON FL 33434**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip County

28 Zip County

24

29

30

9. Name and Address of Current Registered Agent

**SHAFFER, ALAN  
 19905 DINNER KEY DR  
 BOCA RATON 33498**

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 607.0501 and 607.1503, Florida Statutes, the above named corporation's directors hereby accept the appointment of the above named individual as registered agent for the corporation in the State of Florida. This change was authorized by the corporation's board of directors. Thereby I accept the appointment as registered agent. I am familiar with and I accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>PDS</b>                  | <input type="checkbox"/> DELETE |
| NAME           | <b>SHAFFER, ALAN</b>        |                                 |
| STREET ADDRESS | <b>19905 DINNER KEY DR.</b> |                                 |
| CITY-STATE-ZIP | <b>BOCA RATON FL</b>        |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-STATE-ZIP |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-STATE-ZIP |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-STATE-ZIP |                             |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |   |
| 3. STREET ADDRESS  |   |
| 4. CITY-STATE-ZIP  |   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |   |
| 7. STREET ADDRESS  |   |
| 8. CITY-STATE-ZIP  |   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |   |
| 11. STREET ADDRESS |   |
| 12. CITY-STATE-ZIP |   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |   |
| 15. STREET ADDRESS |   |
| 16. CITY-STATE-ZIP |   |

14. I do hereby certify that the information supplied with this filing is voluntary financial and does not qualify for the exemption stated in Section 119.07(4)(g), Florida Statutes. I further certify that the information included on this annual report is supplied in good faith and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, the registered agent, or the duly empowered representative of the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as required by Section 607, Florida Statutes, and that my name and address is as shown above.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Alan Shaffer*

407 4886200

CR2E034 (12/95)