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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J29917

(8)

BEACHES EYE CENTER, INC.

Principal Piace of Business Mailing Address

926 BEACH BLVD. JACKSONVILLE BEACH FL 32250 926 BEACH BLVD.
JACKSONVILLE BEACH EL 322504368

## FILED Mar 03 1997 8:00am Secretary of State



21 333 JACKSONVILLE DRIVE Suite Apt. #, etc.  Suite Apt. #, etc.  Suite Apt. #, etc.  City & State  City & State  City & State  23 JACKSONVILLE BEACH, FLA  26 JACKSONVILLE BEACH, FLA  27 Country  Zip  Country  Zip  Country  Zip  Country  30 JUSA  Suite Apt. #, etc.  10 Registered Agent  Fiorida Statutes  Priorida Statutes  Sure Address of New Registered Agent  EDWARDS, THOMAS S.  928 BEACH BLVD.  JACKSONVILLE BEACH FL 32250  81 Name  EDWARDS, THOMAS S.  928 BEACH BLVD.  JACKSONVILLE BEACH FL 32250  82 Street Address (P.O. Box Number is Not Acceptable)  333 JACKSONVILLE DRIVE  83  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 adjusted to boild, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reagent. I am farm her with, and accept the objigations of, Section 607.0505, Florida Statutes.  SIGNATURE  Superfer SAND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	ort		
21 333 JACKSONVILLE DRIVE 26 333 JACKSONVILLE DRIVE 59-137/1842   Not.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Coun			
Salte Apt. #, Cr.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Site, Apt. #, etc.   Site	Applied For		
Section   Sect	pplicat		
City & State  Zi JACKSONVILLE BEACH, FLA  Zi JACKSONVILLE BEACH FL 32250  Zi JACKSONVILLE BEACH, FL  Zi			
Added to	av Be		
3.32.50   25   USA   29   3.2.50   30   USA   Florida Statutes   Ves   No    S. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent    EDWARDS, THOMAS S.   928 BEACH BLVD.   333 JACKSONVILLE BEACH FL 32250    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 office or rigisferred agent of both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or rigisferred agent or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or rigisferred agent and rewith, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE   Signature level or preint that or registered Agent agent ver required when rematcing)   DATE	Added to Fees		
9. Name and Address of Current Registered Agent  EDWARDS, THOMAS S.  926 BEACH BLVD.  JACKSONVILLE BEACH FL 32250  82 Street Address (P.O. Box Number is Not Acceptable)  333 JACKSONVILLE DRIVE  84 City  JACKSONVILLE BEACH,  FL 85 Zip Co  322  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 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 reagent. Tam farm her with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATUR  Signature foot or predict harmonic providigent a Jack Big lightcase.  OF LICE HS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  IDD.  DELETE  1.1 TITLE  DELETE  2.1 TITLE  Change  Change  Change  DELETE  3.1 TITLE  Change	99.032,		
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926 BEACH BLVD. JACKSONVILLE BEACH FL 32250  82 Street Address (P.O. Box Number is Not Acceptable) 333 JACKSONVILLE DRIVE  83  84 City JACKSONVILLE BEACH, FL 85 Zip Co 322  11. Forestant 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 office or rigistered 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 reagent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE SIGNATURE 12. OF FIGER AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1014 102. OF FIGER AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. DELETE 14. DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 20. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 21. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 22. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 23. SIREET ADDRESS 24. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 24. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 25. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 26. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 26. ADDITIONS/CHANGES TO			
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JACKSONVILLE BEACH FL 32250  83  84 City JACKSONVILLE BEACH, FL 85 Zip Co 322  11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its disperied agent or both, in the State of Horida. Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as reagent. Fain farm far with, and accept the obligations of, Section 607.05.05, Florida Statutes.  SIGNATURE  SIGNATURE  OF FICE RS AND DIRECTORS  12. OF FICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ITHE  DELETE  1.1 TILLE  Change	······································		
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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 office or ricing steried 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 reagent 1 am farm farm farm farm farm farm farm f			
edition or rog stered 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 reagent 1 am farmitar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature foot or product name of registric diagen and the it applicable.  INDIE Registered Agent signature required when reinstating).  DATE  12. OF FICERS AND DIRECTORS  ITHE  NAME  SIREF ADDRESS  CHY STORE  DELETE  DELETE  1.1 TILE  DELETE  1.2 NAME  1.3 STREET ADDRESS  CHY STORE  1.4 CITY - ST-ZIP  TILE  DELETE  3.1 TILE  Change  LORINGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.4 CITY - ST-ZIP  TILE  Change  LORINGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.2 NAME  2.2 NAME  2.3 STREET ADDRESS  CHY ST-ZIP  TILE  DELETE  3.1 TILE  ADMRESS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.4 CITY - ST-ZIP  TILE  Change  ADMRESS  CHY ST-ZIP  DELETE  3.1 TILE  ADMRESS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  2.4 CITY - ST-ZIP  TILE  ADMRESS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  2.4 CITY - ST-ZIP  TILE  ADMRESS  CHY ST-ZIP  TILE  ADMRESS  CHY ST-ZIP  TILE  ADMRESS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  2.4 CITY - ST-ZIP  TILE  ADMRESS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  2.4 CITY - ST-ZIP  TILE  ADMRESS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ADDITIONS/CHANGES TO OFFICERS  ADDITIONS/	egistere		
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I do herelly 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 period for supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that Fam an officer or director of the configuration 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 11 to Annuel, or on an attachment with an address.

SIGNATURE

MATURE AND VPED OR PHINTED AND OF SIGNING OFFICER ORDINECTOR

2-26-97

904-247-0208