

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J50277 (9)

1. Corporation Name

OPTICAL WORLD OF DADELAND, INC.



Principal Place of Business

Mailing Address

7245 DADELAND MALL
#314
KENDALL FL 33180
US

19575 BISCAYNE BLVD
AVENTURA MALL
N MIAMI BCH FL 33180

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

29

33156

USA

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/24/1986

3a. Date of Last Report

03/15/1995

4. FEI Number

59-2838816

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

10. Name and Address of New Registered Agent

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 and title of person making this statement

Signature, typed or printed name and title of person accepting appointment as agent

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

EDELSBERG, LEO

STREET ADDRESS

2081 NE 208TH ST

CITY - ST - ZIP

N MIAMI BCH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY - ST - ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY - ST - ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY - ST - ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

305 932 7373

CR2E034 (12/95)