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PROFIT CORPORATION ANNUAL REPORT



SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # ...
1. Corporation Name

J93734

(8)

SUNRISE EYE CENTER, INC.

COMMO	E ETE CENTER, INC.						
Principal Place o	of Business	Mailing Address		1 1201010 2110 10100 10101 10100 10111	4141 AIZH BIZH \$191		,n1 41611 1541
2500 N UNIVE		2500 N UNIVERSITY [OR.				
SUITE 14		SUITE 14					
SUNRISE FL 3	33322	SUNRISE FL 33322		3. Date Incorporated or Qualified 3a. Date of Last Report 09/23/1987 04/19/1995			
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	<u></u>	<u> </u>	plied For
<u> </u>		26		59-2213789		L	t Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7	Fee Re	dditional quired
City & State		City & State		Election Campaign Financing Trust Fund Contribution		5.00 Added to	o Fees
Zip	Country	Zip	Country	8. This corporation has liability for it		ders 19) 9.032,
1	25	29	30	Florida Statutes Yes 10. Name and Address of New R			
	9. Name and Address of Curre	nt Hegistered Agent	B1 Name	IO. Maine and Address of New 1	ogiotorou riga-		
015150	OFTI.						
CUTLER,			82 Street Add	lress (P.O. Box Number is Not Acceptab	iie)		
	UNIVERSITY DR		83				
#14 ethibles	E EL 22222					S Zip C	Code
SUNRISE FL 33322			84 City		FL 8	Zip C	Jode
 Pursuant to or registere familiar with 	n, and accept the obligations of, Sec						
familiar with	Signature, typed or printed name of registered age:	nt ano tiù e Lapplicable (N	OTF: Registered Agent signar ire redur		DATE SCERS AND DIR	ECTOR!	S IN 12
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