SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

(7)

EYE CENTER OF SOUTHWEST FLORIDA, INC. Principal Place of Business Mailing Address				
4101 EVANS AVE. 4101 EVANS AVE. FT. MYERS FL 33901 FT. MYERS FL 33901				
			3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business	2a. Mail no Address		07/22/1988 4. FEI Number	J_05/19/1995
21	26. Mailing Address		65-0064434	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country 25	Z ₁ p	Country	8. This corporation has l-ability for	, , , , , , , , , , , , , , , , , , ,
	29 Current Registered Agent	30	Florida Statutes 10. Name and Address of New Re	Yes No
	John Hogistered Agent	81 Name	To. Hame Bild Address of New Me	gistered Agent
BROWN, DAVID C.				
4101 EVANS AVE.		82 Street A	ddress (P.O. Box Number is Not Acceptab	de)
FT. MYERS FL 33907		83		
		84 City		85 Zip Code
				FL "
 Pursuant to the provisions of Sections 60 office or registered agent, or both in the agent. I am familiar with, and accept the 	State of Florida, Such change was	authorized by the corpo-	orporation submits this statement for the pration's board of directors. Thereby accept	irpose of changing its registered the appointment as registered
SIGNATURE	•			
Segnature, type for pente fin one of registe		TE Beginnered Agent signature in		DW,£
··········	RS AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Grange Addition
NAME BROWN, DAVID C.		1.1 THEE		
STREET ADDRESS 4101 EVANS AVE.		1.3 STREET ADORESS		DOE034
CITY-ST-ZIP FT. MYERS FL		1.4 CHY-ST-ZIP		L
TITLE	DELETE	2.1 TILLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
City-St-zip		2 4 CITY - ST - ZIF		
TITLE	DELETE	3 1 TURE		Change Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
C(TY-ST-Z)P	I priete	3.4 CITY - ST - ZIP		
TIFLE	L DELETE	4.1 TITLE		Change Addition
NAME CYCECT ADOREGE		4. 2 NAME		
STREET ADDRESS CITY-S1-ZIP		4 3 STREET ADDRESS		
TITLE	DELETE	4.4 CITY - ST - ZIP 5.1 TIFLE		Change Addition
NAME	L1	5 2 NAMÉ	•	
STREET ADDRESS		5 3 S!REET ADDRESS		
C(TY - ST - Z(P		5.4 CITY - ST - ZIP		
TITLE	DELETE	61 TITLE		Change Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY - ST - ZIP	ar	6.4 CITY - \$1 - ZIF		
14. I do hereby certify that the information s	upplied with this filing is voluntarily f	urnished and does not d	ualify for the exemption stated in Section 1	19 07(3)(k), Flor da Statutes 1

further certify that the information indicated on this amount report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or tyrector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or one attachment with an address

GNATURE:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | [190 | Daylow Plage 1]

SIGNATURE: