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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3: 03

DOCUMENT # K35709

(0)

1. Corporation Name

BAY HARBOR OPTICAL, INC.

Principal Place of Business

**1011 KANE CONCOURSE
BAY HARBOR ISLAND FL 33154**

Mailing Address

**1011 KANE CONCOURSE
BAY HARBOR ISLAND FL 33154**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1988

3a. Date of Last Report

03/03/1994

4. FCI Number

65-0069672

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 194.003,
Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

**RUBIN, RICHARD A.
1011 KANE CONCOURSE
BAY HARBOR ISLAND FL 33154**

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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature hand or printed name of registered agent and third person)

(Signature hand or printed name of registered agent and third person)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	D RUBIN, RICHARD A.	1011 KANE CONCOURSE	BAY HARBOR ISLE FL

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 1995

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from 194.003, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee or assignee of the corporation to execute this report as required by Chapter 194, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/95

(S) SBY 8570