FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K60528 (2)

1. Corporation Name
EYE-DEAL OPTICAL, INC.

Principal Place of Business	Mailing Address
2114 E BRANDON BLVD TAMPA FL 33511	2114 E BRANDON BLVD TAMPA FL 33511

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/24/1989
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2936194 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LIVINGSTON, CLIFTON, A, ESQ
501 HORATIO ST
TAMPA FL 33606-9265

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	WHEATON, JEFFREY L.	1.2 NAME	NO LONGER
STREET ADDRESS	1484 SANTA CLARA DRIVE	1.3 STREET ADDRESS	A DIRECTOR OF
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP	THIS CORPORATION
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	DOCTOR, MARTIN. S	2.2 NAME	
STREET ADDRESS	2114 W BRANDON BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	JOGEL, RALPH	3.2 NAME	NO LONGER A
STREET ADDRESS	1171 SHERIDAN DRIVE	3.3 STREET ADDRESS	DIRECTOR OF THIS
CITY-ST-ZIP	TONAWANDA NY	3.4 CITY-ST-ZIP	CORPORATION
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	TABACZYNSKI, ARTHUR	4.2 NAME	NO LONGER A
STREET ADDRESS	1283 E DELEVAN	4.3 STREET ADDRESS	DIRECTOR OF THIS
CITY-ST-ZIP	BUFFALO NY	4.4 CITY-ST-ZIP	CORPORATION
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 03.24.95 813-657-0600
SIGNATURE and TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0296126 CP