FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

VENICE FL 34292

1360 E VENICE AVE

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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Coun ry

9. Name and Address of Current Registered Agent

25

BOONE, JEFFERY A.

1001 AVENIDA DEL CIRCO VENICE FL 34285

Zip

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name GLASSES RX, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Art. #, etc.

City & State

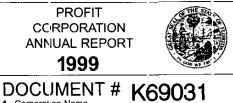
1360 E VENICE AVE VENICE FL 34292

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FLORIDA DEPARTMENT OF STATE

Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90126 025 ***150.00

DO NOT WRITE IN TH	S SPACE		
3. Date Incorporated or Qualifed 02/20/1989			
4. FEI Number	Applied For		
65-0115329	Not Applicable		
5. Certificate of Status Desired	\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution	\$5.00 way Be Added to Fees		
This corporation owes the current year Personal Property Tax.	Intangible []No		
10. Name and Address of New Registere	d Agent		
s (P.O. Box Number is Not Acceptable)			

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 or Florida, Such change was a uthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607.0505. Florida Statutes

83

84 City

Country

Name

Street Ad ire

30

SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NOTE:	Registered Agent signature require		- 	
12.	OFFICERS AND DIRECTORS		13.	ADDITIC NS/CHANGES TO OFFICERS		
TITLE	PDS	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	SHOEMAKER, DAVID W		1.2 NAME			
STREET ADDRESS	1360 E VENICE AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34285		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADORESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	31 TITLE		Change	☐ Addition
NAME .			32 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			34. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		☐ DELETE	61 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS	\ \ \ \ \ \ \		6.3 STREET ADDRESS			
CITY-ST-ZIP		/ 	6.4 CITY-ST-ZIP			

fy for the exemption stated in Section 119.07 3)(i), Florida Statutes. I further cartify that the information I hereby certify that the informat of indicated on this annual report or accurate and that my signature shall have the same legal effect as if made under oath; that I am an d to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporat Block 12 or Block 13 if changed other like empowered.

SIGNATURE:

OR DIRECTOR

Zip Code

85