

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K73354** (8)

1. Corporation Name

UNILENS CONTACT LENS LABORATORY, INC.



Principal Place of Business

Mailing Address

**10431 72ND ST., NO.
LARGO FL 34647**

**10431 72ND ST., NO.
LARGO FL 34647**

3. Date Incorporated or Qualified

03/16/1989

3a. Date of Last Report

04/06/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2940898

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 s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VITALE, AL
10431 72ND ST., NO.
LARGO FL 34647**

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

(Signature required for principal, president, managing member, partner, or sole proprietor)

(If FE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME
VITALE, AL
STREET ADDRESS
10431 72ND STREET NORTH
CITY, ST, ZIP
LARGO FL

12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

11 TITLE ☐ DELETE

21 TITLE ☐ Change ☒ Addition

NAME
PECORA, MICHAEL J
STREET ADDRESS
10431 72ND STREET NORTH
CITY, ST, ZIP
LARGO FL

22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

11 TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, ST, ZIP

32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

11 TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, ST, ZIP

42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

11 TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, ST, ZIP

52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

11 TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, ST, ZIP

62 NAME
63 STREET ADDRESS
64 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)(k), 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:

Michael J Pecora

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96
Date

813-544-2531
Telephone Number

CR2E034 (12/95)