

1

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 JUN 26 AM 8:59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L61600 (7) 1. Corporation Name WEST BROWARD EYECARE ASSOCIATES, INC.

Principal Place of Business: % GUSTAVO GARMIZO 8299 N.W. 88TH AVENUE TAMARAC FL 33321 Mailing Address: % GUSTAVO GARMIZO 8299 N.W. 88TH AVENUE TAMARAC FL 33321



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1990 4. FEI Number: 59-3003170 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24 25 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent GARMIZO, GUSTAVO 8299 N.W. 88TH AVENUE TAMARAC FL 33321

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 officer 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: typed or printed name of registered agent and line if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY- ST- ZIP D GARMIZO, GUSTAVO 8299 N.W. 88TH AVE. TAMARAC FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY- ST- ZIP 100002576321-99 -06/30/98--01064--005 ***150.00 ***150.00 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY- ST- ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY- ST- ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY- ST- ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY- ST- ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY- ST- ZIP

14. I hereby certify that the information supplied with this filing 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 attached exhibit with an address.

SIGNATURE: DR. GUS GARMIZO 1/22/98 9547260204

CR2E034 (10/97)

WEST BROWARD EYECARE ASSOCIATES

2

8299 N.W. 88th Avenue
Tamarac, Florida 33321
(954) 726-0204
Fax: (954) 721-1578

Gustavo Garmizo, O.D.
Barry J. Frauens, O.D.
Optometric Physicians

JUNE 18, 1998

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED PLEASE FIND A COPY OF ORIGINAL 1998 PROFIT CORPORATION ANNUAL REPORT AS WELL AS A REPLACE CHECK TO REPLACE THE SET ORIGINALLY SENT TO YOU ON 01/23/98.

IT WAS BROUGHT TO MY ATTENTION WHEN THE CHECK HAD NOT BEEN CASHED THAT SOMEHOW IT HAD NOT REACHED YOU.

UPON CALLING YOUR OFFICE I WAS INFORMED TO SEND A COPY AND NEW CHECK.

I'M THANKING YOU IN ADVANCE FOR YOUR KIND CONSIDERATION WITH THIS MOST UNFORTUNATE SITUATION.

SINCERELY,



GUSTAVO GARMIZO, O.D.

GG/cf

ENCLOSURE CHECK #3736