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

DOCUMENT # L61600

WEST BROWARD EYECARE ASSOCIATES, INC.

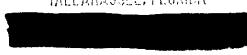
Principal Place of Business % GUSTAVO GARMIZO

Mailing Address % GUSTAVO GARMIZO

FILED

98 JUN 26 AM 8: 59

SECRETARY OF STATE TALLARASSEE, FLORIDA



D299 N.W. BOTH TAMARAC FL 33		TAMARAC FL 33321				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified 03/26/1990					
. Principal Plac	e of Business	2a. Mailing Add	dress	•	· ·····	4. FEI Number	Applied For			
		26	26			59-3003170	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country 25	Ζφ 29	30	intry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
GARMIZO, GUSTAVO					Name					
	N.W. 88TH AVENUE RAC FL 33321				Street Address (P.O. Box Number is Not Acceptable)					
******				83						
				84	City		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 types in punjed hame of requience agent and t	the diameter all his (NZ)	E Registered Agent signature requi	cud when remetation)	DATE			
12.	OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TOLE	D	DELETE	1.1 TITLE	10000 -06,	era en ray da	Change	Addition	
NAME	GARMIZO, GUSTAVO		1.2 NAME	1 COLOGO -06:	/5n/3gh	นักธิ์4ถ	ns ·	
STREET ADDRESS	8299 N.W. 88TH AVE.		1.3 STREET ADDRESS	第183	*150.00	****15	กั้.กก	
CITY - ST - ZIP	TAMARAC FL		14 CITY - ST - ZIP				0.00	
TITLE		DELETE	21 TITLE			☐ Change	☐ Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREFT ADDRESS					
CITY - ST - ZIP	1		2 4 CITY - S1 - ZIP					
TITLE		☐ DELETE	3.1 1111.6			Change	Addition	
NAME	2		3.2 NAME					
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(DTY-ST-ZIP	e'		3.4. CITY- ST- ZIP					
TITLE		DELETE	4.1 TITLE			Change	Addition	
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City St Zir			4.4 CITY - ST - 7/P					
tifit		DELETE	5.1 THLE			L Change	Addition	
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STREET ADDRESS			5.3 STREET ADDRESS					
CHY S1-7P			5.4 CITY - ST - ZIP	· -		····		
DITE		DELETE	61 TITLE			Change	Addition	
fr:Mr	1.1	\ \ \ \	6.2 NAME OF					
STREET ADDRESS	λ λ	$X M \sim$	6/3 STUTET ADDRESS			\wedge	1.1	
City S1 ZiP	10K	11/11	(Q)(11Y-S1-71P			(1'~	· 174	

14. I hereby certify that the information supplied with this hing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that be 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 call, that vam an efficier or director of the corporation or the receipt of trusted, 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 altac

9547260204



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.

SINCEREL'

GUSTÁVO GÁRMIZO, O.D.

GG/cf

ENCLOSURE CHECK #3736