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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Sccretary of State DIVISION OF CORPORATIONS

DOCUMENT # L83909

(6)

CONTACT LENS DISCOUNT CENTER, INC.

FILED
Mar 21 1997 8:00am
Secretary of State

Principal Place	e of Baráness	Mailing Address	· · · · · · · · · · · · · · · · · · ·				
902 CLINT MOORE ROAD STE 108 BOCA RATON FL 33487 US		802 CLINT MOORE ROAD STE 108 BOCA RATON FL 33487-2846 US		Date Incorporated or Qualified	3a. Date of Last Re	enart	
00					06/27/1990	03/15/1996	port
r	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For
Suite, Apt	# rds	26			65-0225502	60 75	Applicable
22		27			5. Certificate of Status Desired	Fee Rec	
City & State	÷	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 h	•
Z(p)	Country 25	Ž(p	Country	1	8. This corporation has liability for Florida Statutes	intangible tax under s. Yes ☐ No	199.032,
	9. Name and Address of Currer				10. Name and Address of New Re		
	OKE, BRIAN J.		81	Name			
E .	ROYAL PALM WAY		82	Street Ac	ddress (P.O. Box Number is Not Acceptat	(ek	
4	TE 600 M BEACH FL 33480		83				
			84	City		85 Zip C	Code
100 a 160 000 000 000 000 000 000 000 000 000	i ali anno de la compania de la comp	vo			orporation submits this statement for the p		
office or r	egistered agent, or both in the State or furnilize with, and accept the oblig Searces by the percetance of egitins, sep	of Florida. Such change was ations of, Section 607.0505, F	authorized b Torida Statute	y the corpo s.	ration's board of directors. I hereby accer	pt the appointment as r	egistered
12.		DIRECTORS	13.	on Spidore re	ADDITIONS/CHANGES TO OFFIC		S IN 12
70145	P	☐ DELETE	1.1 1ITLE			Change	Addition
NAME	ESTERLITZ, VICTOR		1.2 NAME				
STREET ADDRESS	285 WEST 74TH PLACE HIALEAH FL		13 STREE	I ADDRESS			
3014	T	DETETE	2 1 111LE	31- 21		Change	Addition
NAME	GORDON, MINDY		2.2 NAME				
STREET ADDRESS	21045 COMMERCIAL TRAIL BOCA RATON FL			ADDRESS			
CHY-SI-70° THES	DUCA RATON FL	DELETE	2 4 CITY - 3 1 TITLE	ST-ZIP		Change	Addition
NAME			3.2 NAME	Ì			
STEEL LADORESS				T ADDRESS			
City St Zit		DELETE	3.4 CITY - 4.1 TITLE	ST-ZIP	 	☐ Change	☐ Addition
NAME			4. 2 NAME				
STIFEED ACTORIES			4.3 STRÉE	ADDRESS			
COLA - ST TAF		DELETE	4.4 CITY -	S1 - ZIP		Change	Addition
THE NAME		L. precie	5.1 TITLE 5.2 NAME			LI CHAIGE	LL naution
SPECIAL CRESS				T ADDRESS			
GILY-S1 ZIE			5 4 CITY -				145454444444444444444444444444444444444
THE		DELETE	61 TITLE			Cnange	Addition
NAME CARRA A APPORCA C			6.2 NAME	ADDOLCC			

14. Ido 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 path, 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.

64 DITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR ESTERLITZ 3-17-97 (305) 557-904