

**NEW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

95 JAN 24 PM 4: 22

DOCUMENT # **M14300 (1)**  
1. Corporation Name  
**SOUTH FLORIDA VISION SERVICES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



000001708310  
-02/06/96--01109--005  
\*\*\*200.00 \*\*\*200.00

Principal Place of Business: 1291 S POWERLINE RD. POMPANO BCH. FL 33069  
Mailing Address: 1291 S POWERLINE RD. POMPANO BCH. FL 33069

3. Date Incorporated or Qualified: 04/23/1985  
3a. Date of Last Report: 01/13/1995

21. Principal Place of Business 1291 S. Powerline Rd. Suite, Apt. #, etc.	2a. Mailing Address same	4. FEI Number 59-2519226	Applied For Not Applicable
22. City & State Pompano Beach	27. City & State FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip 33069	28. Zip Country Broward	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be
24. Zip Country Broward	29. Zip Country Broward	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

COPPOLA, PATRICE M.  
7916 SHENANDOAH LANE  
PARKLAND FL 33087

10. Name and Address of New Registered Agent

81 Name Patrice M. Coppola
82 Street Address (P.O. Box Number is Not Acceptable) South FL Vision Centers
83 1291 S. Powerline Road
84 City Pompano Beach FL
85 Zip Code 33069

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP COPPOLA, ROBERT C. 1291 S POWERLINE ROAD POMPANO BEACH FL <input type="checkbox"/> DELETE	1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT COPPOLA, PATRICE 1291 S POWERLINE ROAD POMPANO BEACH FL <input type="checkbox"/> DELETE	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Patrice M. Coppola* 1/17/96 (954) 977-6636  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)