

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JUN 16 AM 11:05

**DOCUMENT # M32732 (3)**

1. Corporation Name

**20/20 OPTICIANS, INC.**

Principal Place of Business

**6815 NW 62ND TERR.  
PARKLAND FL 33067  
US**

Mailing Address

**6815 NW 62ND TERR.  
PARKLAND FL 33067  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/27/1986**

3a. Date of Last Report

**04/29/1994**

4. FEI Number

**65-0238457**

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

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**22**

Suite, Apt. #, etc.

**27**

City & State

**23**

City & State

**28**

Zip

**24**

Country

**25**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**DWIN, BILL  
1787 N. UNIV DR.  
PLANTATION FL 33322**

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 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)

(NOT) Registered Agent signature required when transferring.

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

**DP  
DWIN, BILL  
1787 NO. UNIVERSITY DR.  
PLANTATION FL**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

**S  
DWIN, NINA  
1787 N UNIVERSITY DR  
PLANTATION FL**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

13. ADDITIONS CHANGE S TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY ST ZIP

☐ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY ST ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption noted in Section 110.07(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:

*Nina Dwin* **NINA DWIN, SECRETARY** 6/9/95 421-3370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Title

CR2E034 (3/95)