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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # M36748

1. Corporation Name

OPTICAL OUTLET, INC.

Principal Place of Business Mailing Address					- * 1001/001/100/11/10 0/11/1/1001/10/10/11/11/0/11/0/11/0/11/0/11/0/11/0/11/0/11/0/11/0/11/0/11/0/11/0/11/0/		
C/O RAYE SI	HELKOESKY	C/O RAYE SHELKOFSKY					
2601 S MILITARY TRAIL #35 2601 S MILITARY TRAIL #35						- 1	
	BCH FL 33415	WEST PALM BCH FL 3341		•	DO NOT WRITE	INITHIC COACE	
			•	•	3. Date Incorporated or Qualified	IN THIS SPACE	
,					08/14/1986		
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	<del></del>	
21		26				<del>      -</del>	plied For
Suite, Apt	t. #. etc.	Suite, Apt. #, etc.			59-2727905		t Applicable
⊢		27			5. Certifcate of Status Desired	\$8.75	
City & Sta		City & State				Fee Re	quired
23		<b>⊢</b> ′		•	6. Election Campaign Financing	<sub>1</sub> \$5.00	
Zip	Country	Zip	0		Trust Fund Contribution	Added t	o Fees
24	25	<b>⊢</b> '	Country	У	8. This corporation owes the current		ļ
24	<u> </u>	29	30		Personal Property Tax.		□No
<del>-</del>	9. Name and Address of Current	Registered Agent	<del></del>	d s	10. Name and Address of New Regi	stered Agent	<u>-</u>
SHE	ELKOFSKY, RAYE		81	Name			,
260	)1 S. MILITARY TRAIL 35		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	ST PALM BEACH FL 33415		ĺ		The state of the s	, , , , , , , , , , , , , , , , , , , ,	
,,,,,	OT TALIF BEAUTIFE 33413	· .	83			Care Para Security	संबंधित हैं
	• • •		<u> </u>				
	en en en en		84			<b>□ 85</b> Zip C	<b>I</b>
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the abov	e-named corpo	pration submits this statement for the purp	oce of changing its	rogistored
oπice or i	registered agent, or both, in the State o	f Florida. Such change was at	uthorized by	the corporation	pration submits this statement for the purp n's board of directors. I hereby accept the	appointment as reg	istered
	The design of the second	013 01, 3600001 007.0303,7101	iua Statutes	i.		. 1	A 15 1
CICNATURE	V/ a a Mark				. 7	0/00	· I
SIGNATURE	Signature, typed or printed name of registered agent	KAYE SHELKOF	sk V		1/	9/99	
SIGNATURE	Marchel	KAYE SHELKOF	Registered Ager		when reinstating)	9/99 IATE/	
SIGNATURE	Signature, typed or printed name of registered agent	KAYE SHELKOF	sk V		1/	AF 99 RS AND DIRECTOR	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	KAYE SHELKOF and title if applicable. (NOTE: D DIRECTORS	Registered Ager 13.		when reinstating)	9/99 IATE/	
SIGNATURE  12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND PST SHELKOFSKY, RAYE	KAYE SHELKOF and title if applicable. (NOTE: D DIRECTORS	Registered Ager 13. 1.1 TITLE 1.2 NAME	nt signature required	when reinstating)	AF 99 RS AND DIRECTOR	
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PST SHELKOFSKY, RAYE 2601 S MILITARY TRAIL 35	KAYE SHELKOF and title if applicable. (NOTE: D DIRECTORS	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature required	when reinstating)	AF 99 RS AND DIRECTOR	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PST SHELKOFSKY, RAYE	and title if applicable. (NOTE:  D DIRECTORS  DELETE	Registered Ager  13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature required	when reinstating)	RS AND DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent OFFICERS AND PST SHELKOFSKY, RAYE 2601 S MILITARY TRAIL 35	KAYE SHELKOF and title if applicable. (NOTE: D DIRECTORS	Registered Ager  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE	nt signature required	when reinstating)	AF 99 RS AND DIRECTOR	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND PST SHELKOFSKY, RAYE 2601 S MILITARY TRAIL 35	and title if applicable. (NOTE:  D DIRECTORS  DELETE	Regisfered Ages  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-S  2.1 TITLE  2.2 NAME	nt signature required  TADDRESS  T-ZIP	when reinstating)	RS AND DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PST SHELKOFSKY, RAYE 2601 S MILITARY TRAIL 35	and title if applicable. (NOTE:  D DIRECTORS  DELETE	Regisfered Ages  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	T ADDRESS	when reinstating)	RS AND DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PST SHELKOFSKY, RAYE 2601 S MILITARY TRAIL 35	and title if applicable. (NOTE:  D DIRECTORS  DELETE	13. 1.1 ITILE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 ITILE 2.2 NAME 2.3 STREET 2.4 CITY-S	T ADDRESS	when reinstating)	RS AND DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE	Signature, typed or printed name of registered agent OFFICERS AND PST SHELKOFSKY, RAYE 2601 S MILITARY TRAIL 35	and title if applicable. (NOTE:  D DIRECTORS  DELETE	Regisfered Ages  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	T ADDRESS T ADDRESS	when reinstating)	RS AND DIRECTOR	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered agent OFFICERS AND PST SHELKOFSKY, RAYE 2601 S MILITARY TRAIL 35	and title if applicable. (NOTE:  D DIRECTORS  DELETE	13. 1.1 ITILE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 ITILE 2.2 NAME 2.3 STREET 2.4 CITY-S	T ADDRESS T ADDRESS	when reinstating)	RS AND DIRECTOR  Change	RS IN 12 Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PST SHELKOFSKY, RAYE 2601 S MILITARY TRAIL 35	and title if applicable. (NOTE:  D DIRECTORS  DELETE	Regisfered Agen  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	T ADDRESS T-ZIP ADDRESS T-ZIP	when reinstating)	RS AND DIRECTOR  Change	RS IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PST SHELKOFSKY, RAYE 2601 S MILITARY TRAIL 35	and title if applicable. (NOTE:  D DIRECTORS  DELETE	Regisfered Agen  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T-ZIP ADDRESS ADDRESS	when reinstating)	RS AND DIRECTOR  Change	RS IN 12 Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME	Signature, typed or printed name of registered agent OFFICERS AND PST SHELKOFSKY, RAYE 2601 S MILITARY TRAIL 35	DIRECTORS  DELETE  DELETE	Regisfered Agen  13. 1.1 ITILE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	T ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	when reinstating)	AF / 99  RS AND DIRECTOR  Change	RS IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PST SHELKOFSKY, RAYE 2601 S MILITARY TRAIL 35	DIRECTORS  DELETE  DELETE	Regisfered Agen  13. 1.1 ITILE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	when reinstating)	GRS AND DIRECTOR Change	RS IN 12 Addition Addition Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent OFFICERS AND PST SHELKOFSKY, RAYE 2601 S MILITARY TRAIL 35 WEST PALM BEACH FL	DELETE  DELETE  DELETE	Regisfered Agen  13. 1.1 ITILE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE	T ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS -ZIP  ADDRESS -ZIP	when reinstating)  ADDITIONS/CHANGES TO OFFICE	GRS AND DIRECTOR Change	RS IN 12 Addition Addition Addition
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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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

**FILED** 

Jan 26, 1999 8:00am

**Secretary of State** 

01-26-1999 90053 007 \*\*\*150.00