SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (9)M86840 JOHN K. FUSSELMAN, O.D., P.A. Mailing Address Principal Place of Business 6663 CRENSHAW DR 6663 CRENSHAW DRIVE 4319 E_COLONIAL DR ---ORLANDO FL 32833 3. Date Incorporated or Qualified ORLANDO FL 32835 3a. Date of Last Report 06/20/1988 04/24/1995 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 6663 Crenshawks Not Applicable 59-2898541 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State orlando Added to Fees Trust Fund Contribution 23 This corporation has liability for intangible tax under s. 199.032, Country Zφ USA Yes No Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LIVINGSTON, EDWARD M. Street Address (P.O. Box Number is Not Acceptable) 628 ELLEN DR. WINTER PARK FL 32790 83 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE C-416 (NOTE: Registered Agent's graderic regioned when reinstating) Stgnature, typed or pointed name of requirered agent and tibe if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE PSD TITLE CR2E034 FUSSELMAN, JOHN K O.D. 1.2 NAME NAME 1.3 STREET ADDRESS 6663 CRENSHAW DRIVE STREET ADDRESS 14 OTY - ST- ZiP ORLANDO FL CITY - ST- ZIP Change Addition DELETE 2.1 TUTLE TITLE 22 NAME FUSSELMAN, JOHN K. O.D. NAME 2 3 STREET ADDRESS 6663 CRENSHAW DRIVE STREET ADDRESS 2 4 CITY - ST-ZIP ORLANDO FL CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CiTY - ST - ZiP CITY-ST-ZIP Change Addition DELETE 41 THE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELE16 5 1 TITLE TITLE NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 if manged, or on an attachment with an address 6 4 CITY - ST- 2IP 7-1-96

RE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: