

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N94000002955 (2)

1. Corporation Name

EYE CARE NETWORKS AND ALLIANCES OF SOUTHWEST FLO RIDA, INC.



Principal Place of Business	Mailing Address
3920 BEE RIDGE RD BLDG F, SUITE B SARASOTA FL 34233	3920 BEE RIDGE RD BLDG F, SUITE B SARASOTA FL 34233

3. Date Incorporated or Qualified	08/15/1994
-----------------------------------	------------

4. FEI Number	65-0509903	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

9. Name and Address of Current Registered Agent
RAX CO. 50 N LAURA ST 3400 BARNETT CENTER JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	HURVITZ, LAWRENCE M
STREET ADDRESS	3920 BEE RIDGE RD BLDG F SUITE B
CITY-ST-ZIP	SARASOTA FL 34233
TITLE	D <input type="checkbox"/> DELETE
NAME	ELMQUIST, TREVOR
STREET ADDRESS	12670 NEW BRITTANY RD BLVD SUITE 102
CITY-ST-ZIP	FT MYERS FL 33907
TITLE	D <input type="checkbox"/> DELETE
NAME	PEARCE, GARY
STREET ADDRESS	1010 N MILLS RD
CITY-ST-ZIP	ARCADIA FL 33821
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LEWIS, JOHN
STREET ADDRESS	2020 MANATEE AVENUE WEST
CITY-ST-ZIP	BRADENTON FL
TITLE	DWEI <input type="checkbox"/> DELETE
NAME	NKLE, DANA
STREET ADDRESS	3131 S TAMiami TR
CITY-ST-ZIP	SARASOTA FL 34239
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BURKE, MOIRA
STREET ADDRESS	13801 BRUCE B. DOWNS BLVD.
CITY-ST-ZIP	TAMPA FL 33613

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FRIEDMAN, SCOTT
1.3 STREET ADDRESS	400 AVENUE K SE #4
1.4 CITY-ST-ZIP	WINTER HAVEN FL 33880
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ZUSMAN, NEIL
2.3 STREET ADDRESS	2885 Tamiami Trail
2.4 CITY-ST-ZIP	Pt. Charlotte, FL 33952
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5/27/98 941-923-5491

CR2E037 (10/97)