## 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 #

P36406 v

OPTICAL CONSULTANTS OF TAMARAC, INC.

Principal Place of Business

1. Corporation Name

Mailing Address

4712 HOLLY DRIVE TAMARAC, FL 33319

2151 W HILLSBORO BLVD, #213 DEERFIELD BEACH, FL 33442

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90015 010 \*\*\*150.00

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|----------------------------|----|-----|-------|----|------|------|
|----------------------------|----|-----|-------|----|------|------|

3. Date Incorporated or Qualifed

| Suite, Apt. #, etc.   Suite, Apt. #, etc.   2   27   27   27   27   27   28   28   |  |                     |              |            |  |                | 11/22/1991                                      |          |               |  |  |  |
|--|--|---------------------|--------------|------------|--|----------------|---|----------|---------------|--|--|--|
| Suite, Apt #, etc.    Suite, Apt #, etc.   27  | 2. Principal Place of Business 2a. Mailing Address   |                     |              |            |  |                |   | A        | pplied For    |  |  |  |
| Suite, Apt #, etc.    Suite, Apt #, etc.   27  | <b>Б</b>   |                     | 26           |            |  |                | 38-2343837                                      | N        | ot Applicable |  |  |  |
| CITY & State    City & State   City & City & State   City & State   City & State   City & State   City & City & State   City & |  |                     |              |            |  |                |   | \$8.75   | Additional    |  |  |  |
| City & State    City & State   City & State   City & State   Country   Zip   Zip | 22   |                     | 27           |            |  |                | 5. Certificate of Status Desired                | Fee R    | edniteq       |  |  |  |
| Zip   Zountry   Zip   Country   Zip   Country   Zip   Country   S. True Fund Contribution   Added to Fees   Zip    |  |                     | City & State |            |  |                | 6. Election Campaign Financing                  | \$5.00   | May Be        |  |  |  |
| ANAME OCLBERT, ARLENE SIGNATURE SIGN | 23 28  |                     |              |            |  |                | Trust Fund Contribution                         | Added    | to Fees       |  |  |  |
| 9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  4712 HÖLLY DR  TAMARAC, FL 33319  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 agent. I mainling with, and except the obligations of Sections 607,0502 and 607 1508. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I mainling with, and except the obligations of Sections 607,0502 and 607 1508. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I mainling with, and except the obligations of Section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  COLBERT, ARLENE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  COLBERT, ARLENE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  COLBERT, EDWARD  13. STREET ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TITLE  Change Addition  NAME  COLBERT, EDWARD  22. STREET ADDRESS  33. STREET ADDRESS  33. STREET ADDRESS  34. ORT-ST-2P  TAMARAC, FL 33.319  DELETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TITLE  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TITLE  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. TITLE  Change Addition  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/ |  |                     |              | Count      | ry   |                | 8. This corporation owes the current year Intan | gible    |               |  |  |  |
| COLBERT, ARLENE 4712 HÖLLY DR TAMARAC, FL 33319  44 City FL 85 Zp Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above - amed corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board diffectors. I hereby accept the appointment as registered agent, and annitiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent, and annitiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the corporation's board directors. I hereby accept the appointment as registered agent, agent agent, and annitiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the corporation's board directors. I hereby accept the appointment as registered agent, agent, and annitiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the corporation submits this statement for the purpose of changing its registered directors. I hereby accept the appointment as registered agent, and annitiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the appointment as registered agent, and annitiary and annitiary and annitiary and appointment as registered differences. I hereby accept the appointment as registered differences agent, and annitiary and annitiary and annitiary and annitiary annitiary.  12.   | 24 25 29 30  |                     |              | 30         |  |                | Personal Property Tax.                          | X Yes    | □No           |  |  |  |
| COLBERT, ARLENE 4712 HÖLLY DR TAMARAC, FL 33319  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutus, the above-named corporation submits this statement for the purpose of changing its registered agent. an affailar with, and accept the obligations of, Section 607.0505, Florida Statutus, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. The affailar with, and accept the obligations of, Section 607.0505, Florida Statutus, the above-named 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 Statutus, the above-named 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 Statutus, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a displace required agent are many accept the appointment as registered agent. I am familiar with a displace required agent are many accept the appointment as registered agent. I am familiar with a displace required agent are many accept the appointment as registered agent. I am familiar with a displace required agent are many accept the appointment as registered agent. I am familiar with a displace required agent are many accept the appointment as registered agent. I am familiar with a displace required agent are many accept the appointment as registered agent. I am familiar with a displace required agent are many accept the appointment as registered agent. I am familiar with a displace required agent are many accept the appointment as registered agent. I am familiar with a displace required agent are many accept the appointment as registered agent. I am familiar with a displace required agent are many accept the appointment as registered agent. I am familiar with a displace required agent agent. |  |                     |              |            |  |                | 10. Name and Address of New Registered Ag       | gent     |               |  |  |  |
| ### TAMARAC, FL 33319    ### Street Address (P.O. Box Number is Not Acceptable)   ### Street Address (P.O. Box Number is Not Acceptable)   ### Street Address (P.O. Box Number is Not Acceptable)   ### Street Address (P.O. Box Number is Not Acceptable)   ### Addition   ### Street Address (P.O. Box Number is Not Acceptable)   ### Addition   ### Additio | COLBERT, ARLENE  |                     |              |            | 11   | Name           |   |          |               |  |  |  |
| TAMARAC, FL 33319    83  |  |                     |              |            | 82 Street Address (P.O. Box Number is Not Acceptable)    |                |   |          |               |  |  |  |
| 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 office or registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE PD OELETE 11. TITLE  COLBERT, ARLENE 12. AVAVE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE V ORDER 13. STREET ADDRESS  CITY-ST-ZP TAMARAC, FL 33319  DELETE 21. TITLE   | 1  |                     |              |            | == State ( Mariou ( 15) But ( Mariou) ( 15) Mariou ( 15) |                |   |          |               |  |  |  |
| 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 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, 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, 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, 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, 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, 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, or both in the State of Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. In TILE  PD  Change   Addition  | LAMAKA   | C, FL 33319         |              | 8          | 3  |                |   |          |               |  |  |  |
| 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 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, 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, 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, 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, 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, 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, or both in the State of Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. In TILE  PD  Change   Addition  |  |                     |              |            | 14   | City           |   | gel 7in  | Code          |  |  |  |
| 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 and mamiliar with, and accept the obligations of, Section 607.0505, Floridal Statutes.  SIGNATURE    12.   | ĺ  |                     |              | 16.        | ~  | City           | FL  | 65   ZIP | Code          |  |  |  |
| 12.  | 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 |                     |              |            |  |                |   |          |               |  |  |  |
| TITLE  |  |                     |              |            | gent   | signature requ |   |          |               |  |  |  |
| NAME   |  |                     |              |            |  | <del></del>    |   |          |               |  |  |  |
| STREET ADDRESS   4712 HOLLY DR   |  |                     | □ DECE IE    |            |  |                | į   | Change   | [_] Addition  |  |  |  |
| TAMARAC, FL 33319  | NAME   |                     |              |            |  |                |   |          |               |  |  |  |
| TITLE  | STREET ADDRESS 4712 HOLLY DR   |                     |              | 1.3 STRE   | ETA  | ADDRESS        |   |          |               |  |  |  |
| NAME   | CITY-ST-ZIP  |                     |              |            |  | ZIP            |   |          |               |  |  |  |
| STREET ADDRESS   4712 HOLLY DR   23 STREET ADDRESS   | TITLE  | E V □ DELETE 2.1 TF |              |            |  | İ              | l   | Change   | ☐ Addition    |  |  |  |
| TAMARAC, FL, 33319   | CODDERT, EDNARD  |                     |              |            |  |                | •   |          |               |  |  |  |
| DELETE   3.1 TITLE   Change   Addition     NAME   3.2 NAME     STREET ADDRESS   3.3 STREET ADDRESS     CITY-ST-ZIP   3.4 CITY-ST-ZIP     TITLE   DELETE   4.1 TITLE   Change   Addition     NAME   STREET ADDRESS     CITY-ST-ZIP   4.2 NAME     STREET ADDRESS   4.3 STREET ADDRESS     CITY-ST-ZIP   Change   Addition     NAME   DELETE   S.1 TITLE   Change   Addition     NAME   STREET ADDRESS     CITY-ST-ZIP   Change   Addition     NAME   STREET ADDRESS     CITY-ST-ZIP   Change   Addition     NAME   STREET ADDRESS     CITY-ST-ZIP     TITLE   DELETE   S.1 TITLE   Change   Addition     NAME   STREET ADDRESS     CITY-ST-ZIP   Change   Addition     Change   Change   Addition     Change   Change   Change   Change     Change   Change   Change   Change     Change   Change   Change   Change   Change     Change   Change   Change   Change   Change     Change   Change   Change   Change   Change   Change   Change   Change   Change     Change   Change   Change   Change   Change   Change   Change   Change   Change   Change   Change   Change   Change   Change      | STREET ADDRESS 4712 HOTLLY DR 2.3 S  |                     |              | 2.3 STREE  | ETA  | ADDRESS        |   |          |               |  |  |  |
| NAME   |  |                     |              |            | _  | -ZIP           |   |          |               |  |  |  |
| 33 STREET ADDRESS   33 STREET ADDRESS   34. CITY-ST-ZIP  | TITLE  | •                   | T □ DELETE   | 3.1 TITLE  |  |                | - (   | _ Change | Addition      |  |  |  |
| 34. CITY-ST-ZIP  | NAME   | NAME 3.2 N          |              |            |  | 1              |   |          | 1             |  |  |  |
| TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME   | STREET ADDRESS 33 ST   |                     |              | 33 STREE   | ETA  | ADDRESS        |   |          |               |  |  |  |
| NAME   | CITY-ST-ZIP  |                     |              | 3.4. CITY- | -ST-   | -ZIP           |   |          |               |  |  |  |
| STREET ADDRESS   | TITLE  |                     | ☐ DELETE     | 4.1 TITLE  |  |                | [   | Change   | ☐ Addition    |  |  |  |
| A4 CITY-ST-ZIP   | NAME   |                     |              | 4, 2 NAME  | E  |                |   |          |               |  |  |  |
| TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS  | STREET ADDRESS 4.3 ST  |                     |              | 4.3 STREI  | ETA  | ADDRESS        |   |          |               |  |  |  |
| NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS   | CITY-ST-ZIP  |                     |              | 4.4 CITY-  | ST-  | ZIP            |   |          |               |  |  |  |
| 5.3 STREET ADDRESS   | TITLE  |                     | ☐ DELETE     |            |  |                | [   | Change   | ☐ Addition    |  |  |  |
| 54 CITY-ST-ZIP   | NAME   |                     |              | 5.2 NAME   | =  |                |   |          |               |  |  |  |
| DELETE   | STREET ADDRESS   |                     | •            | 5.3 STREI  | ETA  | NDDRESS        |   |          |               |  |  |  |
| NAME 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS  | CITY-ST-ZIP  |                     |              |            |  | ZIP            |   |          |               |  |  |  |
| STREET ADDRESS 6.3 STREET ADDRESS  | TITLE  |                     | ☐ DELETE     | 6.1 TITLE  | :  |                |   | Change   | ☐ Addition    |  |  |  |
| SINCEL ADDRESS   | NAME   |                     |              | 6.2 NAME   | =  |                |   |          | 1             |  |  |  |
|  | STREET ADDRESS   |                     |              | 6.3 STRE   | ETA  | ADDRESS        |   |          |               |  |  |  |
|  | CITY-ST-ZIP , 64 CI  |                     |              |            | 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIC

ARLENE COLBERT

4/15/99 (954)484-0752

CR2E034