

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P37132** (8)

1. Corporation Name

UNITED VISION GROUP, INC.

Principal Place of Business

**6500 NW 15 AVE.
SUITE 100
FT. LAUDERDALE FL 33309**

Mailing Address

**6500 NW 15 AVE.
SUITE 100
FT. LAUDERDALE FL 33309**



2. Principal Place of Business

21 **2424 N. Federal Highway**

22 Suite, Apt. #, etc.
Suite 362

23 City & State
Boca Raton, FL

24 Zip Country
33431 U. S.

2a. Mailing Address

26 **2424 N. Federal Highway**

27 Suite, Apt. #, etc.
Suite 362

28 City & State
Boca Raton, FL

29 Zip Country
33431 U. S.

3. Date Incorporated or Qualified
01/14/1992

3a. Date of Last Report
07/26/1995

4. FEI Number
65-0257498

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

9. Name and Address of Current Registered Agent

**BURGER, ALAN M. ESQ PA
9990 SW 77TH AVE.
PENTHOUSE 5
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name **Kathryn Dillon**

82 Street Address (P.O. Box Number is Not Acceptable)
2424 North Federal Highway

83 **Suite 362**

84 City **Boca Raton** **FL** 85 **33431**

11. Pursuant to the provisions of Sections 607.0802 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

Kathryn Dillon

KATHRYN DILLON

06/10/96

Signature of officer, director, or registered agent, if applicable.

Signature of registered agent, if not the same as the one above.

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	☒ DELETE
NAME	KAPLAN, JAN	
STREET ADDRESS	6500 NW 15 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DVS	☒ DELETE
NAME	KAPLAN, KAREN	
STREET ADDRESS	6500 NW 15 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	☒ DELETE
NAME	RUBIN, ROBERT	
STREET ADDRESS	6500 NW 15 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	☒ DELETE
NAME	COHEN, JAMES	
STREET ADDRESS	6500 NW 15 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	☒ DELETE
NAME	BARBAROSH, MILTON	
STREET ADDRESS	6500 NW 15 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	☐ Change ☒ Addition
1.2 NAME	James R. Cook	
1.3 STREET ADDRESS	2424 N. Federal Highway Suite 362	
1.4 CITY-ST-ZIP	Boca Raton, FL 33431	
2.1 TITLE	VSD	☐ Change ☒ Addition
2.2 NAME	Peter Molinaro, Jr.	
2.3 STREET ADDRESS	2424 North Federal Highway Suite 362	
2.4 CITY-ST-ZIP	Boca Raton, FL 33431	
3.1 TITLE	VTD	☐ Change ☒ Addition
3.2 NAME	Vincent C. Manopoli	
3.3 STREET ADDRESS	2424 N. Federal Highway Suite 362	
3.4 CITY-ST-ZIP	Boca Raton, FL 33431	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	J. Richard Damron, Jr.	
4.3 STREET ADDRESS	2424 N. Federal Highway Suite 362	
4.4 CITY-ST-ZIP	Boca Raton, FL 33431	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

J.R. Damron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/96

DATE

Daytime Phone #

CR2E034 (12/95)