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 # **P92000009567**1. Corporation Name

PALM PLAZA OPTICAL, INC.

Principal Place of Business
711 N 14TH ST
LEESBURG EL 34748

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

711 N 14TH ST LEESBURG FL 34748

2a. Mailing Address

Suite, Apt. #, etc.

FILED Feb 04, 1999 8:00am Secretary of State

02-04-1999 90004 019 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

12/07/1992

59-3155830

4. FEI Number

2		[27]				1			equired
City & State City & State			ate			6. Election Campaign Financing		\$5.00	May Be
3		28				Trust Fund Contribution		Added 1	to Fees
Zip	Country	Zip		Country		8. This corporation owes the curren	t year Inta	angible	
4	. 25	29	30			Personal Property Tax.		Yes	X No
·	9. Name and Address of Curre		nt			10. Name and Address of New Re-	gistered /	Agent	
		CUMUNU		81	Name	•			
COX, BARBARA K PALIMINIATH STREET: INC. LEESBURG FL 34748					Street Addr	ress (P.O. Box Number is Not Acceptable	۵۱		
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Harris Control	to the provinces of Sections 607.06	502 and 607 1508 E	lorida Statutae	the above	-named com	oration submits this statement for the pu		<u>l</u> l	registered
- office or r	registered agent, or both, in the Stat	e of Florida. Such ch	nange was autho	orized by	the corporation	on's board of directors. I hereby accept t	he appoir	itment as re	gistered
agent. I a	am familiar with, and accept the oblig	ations of, Section 60	37.0505, Florida	Statutes.					
SIGNATURE							DATE		
12.	Signature, typed or printed name of registered as	AND DIRECTORS	(NOTE: Reg	13.	signature require	d when reinstating): ADDITIONS/CHANGES TO OFFI		DIRECTO	DRS IN 12
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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 OFFICER OR DIRECT

01-19-1999

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R2E034 (11/98)