FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000031202 (3)**

1. Corporation Name

SURGICAL OPTICS, INC.

Principal Place of Business	Mailing Address
7881-A PINES BLVD PEMBROKE PINES FL 33024 US	7881-A PINES BLVD PEMBROKE PINES FL 33024 US

3. Date Incorporated or Qualified: **04/27/1993**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 **10071 Pines Boulevard**
22 Suite, Apt. #, etc: **#B**
23 City & State: **Pembroke Pines, FL 33024**
24 Zip: **33024** 25 Country: **U.S.A.**

2a. Mailing Address
26 **10071 Pines Boulevard**
27 Suite, Apt. #, etc: **#B**
28 City & State: **Pembroke Pines, FL 33024**
29 Zip: **33024** 30 Country: **U.S.A.**

4. FEI Number: **65-0401209** ☐ 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

SCHMIDT, RON ESQ
245 NO UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name: **RON SCHMIDT, ESQ.**
82 Street Address (P.O. Box Number is Not Acceptable): **235 No. University Drive**
83
84 City: **Pembroke Pines,** **FL** 85 Zip Code: **33024**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE
Signature, typed or printed name of registered agent, and the date signed (NEW Registered Agent's signature required for reinstatement)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	13.1 TITLE	☒ Change ☐ Addition
NAME	BODOR, ZOLTAN A		13.2 NAME	
STREET ADDRESS	7881-A PINES BOULEVARD		13.3 STREET ADDRESS	10071 Pines Boulevard, #B
CITY-ST-ZIP	PEMBROKE PINES FL		13.4 CITY-ST-ZIP	Pembroke Pines, FL 33024
TITLE	DVP	☐ DELETE	13.1 TITLE	☒ Change ☐ Addition
NAME	BODOR, PETER S.		13.2 NAME	
STREET ADDRESS	7881-A PINES BLVD		13.3 STREET ADDRESS	10071 Pines Boulevard, #B
CITY-ST-ZIP	PEMBROKE PINES FL		13.4 CITY-ST-ZIP	Pembroke Pines, FL 33024
TITLE	T	☐ DELETE	13.1 TITLE	☒ Change ☐ Addition
NAME	BODOR, TATIANA		13.2 NAME	
STREET ADDRESS	7881-A PINES BLVD		13.3 STREET ADDRESS	10071 Pines Boulevard, #B
CITY-ST-ZIP	PEMBROKE PINES FL		13.4 CITY-ST-ZIP	Pembroke Pines, FL 33024
TITLE	S	☐ DELETE	13.1 TITLE	☒ Change ☐ Addition
NAME	DEOPKER, STEVE		13.2 NAME	
STREET ADDRESS	7881-A PINES BLVD		13.3 STREET ADDRESS	10071 Pines Boulevard, #B
CITY-ST-ZIP	PEMBROKE PINES FL		13.4 CITY-ST-ZIP	Pembroke Pines, FL 33024
TITLE		☐ DELETE	13.1 TITLE	☐ Change ☐ Addition
NAME			13.2 NAME	
STREET ADDRESS			13.3 STREET ADDRESS	
CITY-ST-ZIP			13.4 CITY-ST-ZIP	
TITLE		☐ DELETE	13.1 TITLE	☐ Change ☐ Addition
NAME			13.2 NAME	
STREET ADDRESS			13.3 STREET ADDRESS	
CITY-ST-ZIP			13.4 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)(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.

SIGNATURE: Zoltan Bodor 4/30/96 950-430-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)