


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90116 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P93000031202		
1. Corporation Name SURGICAL OPTICS, INC.		

Principal Place of Business 10071 PINES BOULEVARD SUITE B PEMBROKE PINES FL 33024 US	Mailing Address 10071 PINES BOULEVARD SUITE B PEMBROKE PINES FL 33024 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12229 SW 53rd St Suite, Apt. #, etc. 22 Ste 304 City & State 23 Cooper City, FL Zip Country 24 33330 25 USA		2a. Mailing Address 26 12229 SW 53rd St Suite, Apt. #, etc. 27 Ste 304 City & State 28 Cooper City, FL Zip Country 29 33330 30 USA		3. Date Incorporated or Qualified 04/27/1993	4. FEI Number 65-0401209	Applied For <input type="checkbox"/> Not Applicable
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. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

9. Name and Address of Current Registered Agent SCHMIDT, RON ESQ 235 NO. UNIVERSITY DRIVE PEMBROKE PINES FL 33024		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP NAME BODOR, ZOLTAN A STREET ADDRESS 10071 PINES BLVD., #B CITY-ST-ZIP PEMBROKE PINES FL	<input type="checkbox"/> DELETE	1.1 TITLE DP 1.2 NAME Bodor, Zoltan A 1.3 STREET ADDRESS 12229 SW 53rd St #304 1.4 CITY-ST-ZIP Cooper City, FL 33330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DVP NAME BODOR, PETER S. STREET ADDRESS 10071 PINES BLV D. #B CITY-ST-ZIP PEMBROKE PINES FL	<input type="checkbox"/> DELETE	2.1 TITLE DVP 2.2 NAME Bodor, Peter S. 2.3 STREET ADDRESS 12229 SW 53rd St. Ste 304 2.4 CITY-ST-ZIP Cooper City, FL 33330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME BODOR, TATIANA STREET ADDRESS 10071 PINES BLVD., #B CITY-ST-ZIP PEMBROKE PINES FL	<input type="checkbox"/> DELETE	3.1 TITLE T 3.2 NAME Bodor, Tatiana 3.3 STREET ADDRESS 12229 SW 53rd St Ste 304 3.4 CITY-ST-ZIP Cooper City, FL 33330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME DEOPKER, STEVE STREET ADDRESS 10071 PINES BLVD., #B CITY-ST-ZIP PEMBROKE PINES FL	<input type="checkbox"/> DELETE	4.1 TITLE S 4.2 NAME Deupker, Steve 4.3 STREET ADDRESS 12229 SW 53rd St, Ste 304 4.4 CITY-ST-ZIP Cooper City, FL 33330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **ZOLTAN A. BODOR** 3.15.99. (454)680-4031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)