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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300083672 (4)

PENTA-COUNTY EYENET, INC.

FILED May 01 1997 8:00am Secretary of State



SUITE 3	esidential way Alm Beach FL 33	401	SUITE 3	1501 PRESIDENTIAL WAY SUITE 3 WEST PALM BEACH FL 33401-1852								
	•							3.	Date Incorporated or Qualified 11/29/1993		te of Last 26/1990	
2. Princ 21	ipal Place of Busi	ness	2a. Mailing 26	2a, Mailing Address 26				4.	FEI Number 65-0449736			Applied For Not Applicable
22	, Apt. #, etc.		Suite, A	Suite, Apt. #, etc. 27				5.	Certificate of Status Desired			5 Additional Required
City a	& State	City & :	City & State				6.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24		Country 25	7 ₁ p	9 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sigma\) Yes \(\sigma\) No				
	9, Name	Name and Address of New Re	jistered A	\gent								
	POSNER, MIC						Name					
	SUITE 1000	EACH LAKES BLVD	l.	<u> </u>			Street Addi	ress (f	P.O. Box Number is Not Acceptab	le)		
	WEST PALM E	BEACH FL 33401										
						84	City	•		FL		ip 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 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, typod or ported name of registered agent and little if applicable (NO)						registered Agent signature requ				DATE		
12.	D	OFFICERS	AND DIRECTORS	DELETE		71.6		,	ADDITIONS/CHANGES TO OFFIC		☐ Chang	
NAME	, -	, albert dr		☐ pririt	11 10 12 N/						L Chang	e L Addition
STREET ADI	4864.00	ESIDENTIAL WAY,	SUITE 3				ADDRESS					
	CITY-ST-ZIP W. PALM BEACH FL 33401			1.3 St								
TITLE	" 17.0			DELETE	21 11		1-211			 	Chang	e Addition
NAME					2 2 N/						6	
STREET ADDRESS				2 3 STREET ADDRESS			ADDRESS					
CITY-ST-ZIP				2 40			ST - Z IP		,	•		
TITLE			~	DELETE	3 1 Ti	TLE					☐ Chang	e Addition
NAME					3.2 NA	ME						
STREET ADI	DRESS				3 3 \$1	REFT	ADDRESS					
CITY-ST-Z	IP			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3 4. C	TY-S	ST - ZIP					
TITLE				☐ DELFTE	4.1 10	LE					Chang	e [_] Addition
NAME					4. 2 N	AMi						
STREET ADI					4.3 \$1	REET	ADDRESS					
CITY-ST-Z	IP			DELETE	4.4 CI		T-7 P					
TITLE				☐ DELETE	5.1 TII						∐ Chang	e L Addition
NAME CTREET AD	DDECC.				5.2 NA		1000000					
STREET ADI							ADDRESS					
CITY-ST-Z	HT			DELETE	5.4 CI 6.1 Til		1.7(1)				☐ Chang	e Addition
NAME				pul vertic	6.2 NA						والمالا ي	- L Addition
STREET ADI	DRESS						ADDRESS					
CITY-ST-Z	i				6.4 CI							

I do hereby certify that the information supplied with this filling 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.