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 # P93000086744

JOSEPH S. SCHLESINGER AND ASSOCIATES, O.D., P.A.

I	Principal Place of Busine						
C/O EYEMASTERS 5100 N 9 AVE							
	5100 N 9 AVE						

Mailing Address

C/O EYEMASTERS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90116 040 ***150.00



5100 N 9 AVE PENSACOLA FL	22504	5100 N 9 AVE PENSACOLA FL 32504				DO NOT WRITE IN THIS SPACE			
CHONOULN IL	V2307	7 2110110001112 3000				3. Date Incorporated or Qualifed			
						12/08/1993			
2. Principal Pl	ace of Business	2a. Mailing Address			71 -	4. FEI Number		h	pplied For
1 240	1 Executive 1/1929	26 240/ EX	2641	live !	1629	63-1106397			ot Applicable
Suite, Apt.	- A			5. Certifcate of Status Desired			Additional equired		
City & State	` <u> </u>	1		6. Election Campaign Financing		•	May Be		
23 Per	nsacola, FL Escola	28 12037 (0. 1)	Cour			Trust Fund Contribution			to Fees
Zip 3 2 S	204 25 Escansia	32504	Cou	шу 7 5С4 и	Sich	This corporation owes the curre Personal Property Tax.	nt year inta	ngible []] Yes	□No
24 323	9. Name and Address of Current I	1	30 -			10. Name and Address of New R	egistered A		
	3. Hallie alla Address di Curroni	(ogiatorea Agent		81 Na	me			-	
FERG	GUSON, MICHAEL L.				- 4 4 4 4	(D.O. D. Allertario Not Assente	hla)		
4300	BAYOU BLVD			82 Str	eet Addr	ess (P.O. Box Number is Not Accepta	Die)		
sum	ES 12 & 13			83					
PENS	SACOLA FL 32503							1 1	0-4-
				84 Cit	У		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the al	bove-nan	ned corp	oration submits this statement for the	purpose of o	hanging it	s registered
office or r	to the provisions of Sections 607.0502 in egistered agent, or both, in the State of m familiar) with, and accept the obligation	Florida, Such change Was al	utnonzed	i ny the c	orporation	on's board of directors. I hereby accep	t the appoin	tment as r	egisterea
		100 18		-100					•
SIGNATURE	Signature, typed or printed name of registered agent a		: Registered	Agent signa	ture require	d when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	FICERS ANI	•	
TITLE	D	☐ DELETE	1.1 TT	TLE.				Change	☐ Addition
NAME	SCHLESINGER, JOSEPH S		1.2 NA	ME	_		1/20	جراد راک	1-14
STREET ADDRESS	5100 N 9 AVE		1.3 ST	REET ADOR	iess 🔁	401 byecative v	14 4	June	•
CITY-ST-ZIP	PENSACOLA FL 32504		1.4 CF	TY-ST-ZIP		401 Executive P Lensacola, FL 33	1504		
TITLE		☐ DELETE	2.1 717	ΠE	1	,	•	☐ Change	Addition
NAME			2.2 N	ME.	1				
STREET ADDRESS			2.3 \$7	REET ADOR	ESS				
CITY-ST-ZIP		<u></u>	2.4 C	ITY-ST-ZIP	~ <u>-</u>			·	
TITLE		☐ DELETE	3.1 TT	TLE				Change	Addition
NAME			3.2 N/	WE.					
STREET ADDRESS			3.3 \$7	REET ADOR	ESS				
CITY-ST-ZIP			3.4. C	rty-st-zip					1
TITLE		☐ DELETE	4.1 11	π <u>e</u>				Change	Addition
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST	TREET ADDR	ESS	•		•	
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP			·		
TITLE		☐ DELETE	5.1 Π	TLE				☐ Change	Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S1	TREET ADDR	ESS				
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP					
TITLE		☐ DELETE	6.1 TT	TLE				☐ Change	Addition
NAME			6.2 N	AME		•			
STREET ADDRESS		•	6.3 ST	TREET ADD	ESS				
CITY-ST-ZIP			6.4 CI	TY-ST-ZIP					
	<u> </u>	41 1	- 11			Section 119 07(3)(i). Florida Statutes.	l further cort	ifu that the	information

Indicated on this annual report or supplied with this litting does not qualify for the exemption stated in Section 119.07(3)(f), Fronda Statutes. Further certify that the information of 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 of 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 or an attachment with an address, with all other like empowered.

SIGNATURE: