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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State

|          | Feb 16 1998 8:00am |
|----------|--------------------|
|          | Secretary of State |
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**FILED** 

|  | 1998  | DIVISION OF COR                        | PORATIONS                        | Secretary (  | or state  |
|--|---|--|----------------------------------|--|---|
| DOCU!  |   | 0007212 (1)                            |                                  | T<br>  | BBILL YOTH I LOT HASE KIEL YOU                              |
| ·  |   |  | ·                                |  | 8 11:11 14 6 16 17 8 17 17 17 17 17 17 17 17 17 17 17 17 17 |
| Principal Place  |   | Mailing Address                        |                                  |  |   |
| * EYE CARE CENTERS. ACCT PA 11103 WEST AVE 11103 WEST AVE SAN ANTONIO TX 78213 |   |  |                                  |  |   |
| SAN ANTONIO TX 78213 US  |   |  |                                  | DO NOT WRITE IN TH   | IIS SPACE   |
| US   |   |  |                                  | 3. Date Incorporated or Qualified 01/27/1994   |   |
| 2. Principal P   | lace of Business                                  | 2a. Mailing Address                    |                                  | 4. FEI Number  | Applied For   |
| 21   |   | 26                                     | ···                              | 59-3226333   | Not Applicable  |
| Suite, Apt.  |   | Suite, Apt. #, etc.                    |                                  | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Regulred                           |
| City & State   | e   | City & State                           |                                  | 6. Election Campaign Financing   | \$5.00 May Be   |
| <b>Z</b> 1D  | Country   | 7ip                                    | Country                          | Trust Fund Contribution  | Added to Fees   |
| 24   | 25  | 29 30                                  | 1 ·                              | This corporation owes or has paid the<br>Personal Property Tax due June 30.                | Current year Intangible                                     |
|  | 9. Name and Address of Curren                     |  | <u>'</u>                         | 10. Name and Address of New Register   |   |
| NR   | AI SERVICES, INC.                                 |  | B1 Name                          |  |   |
| 526  | BEAST PARK AVENUE                                 |  | 82 Street Addre                  | ess (P.O. Box Number is Not Acceptable)  |   |
| TAI  | LLAHASSEE FL 32301                                |  |                                  |  |   |
|  |   |  | 83                               |  | ł   |
|  |   |  | 64 City                          | ······································   | 85 Zip Code   |
| 44 Durguent  | to the provisions of Postions 607 056             | 22 and 602 4509 Elected Statutes       | the about named care             | •  | a of spanning its registered                                |
| office or r  | ogistered agent, or both, in the State            | of Florida, Such change was auth       | orized by the corporati          | oration submits this statement for the purposion's board of directors. I hereby accept the | appointment as registered                                   |
| ·  | im familiar with, and accept the oblig            | lations of, Section 607.0505, Florid   | a Statutes.                      |  | <b>†</b>  |
| SIGNATURE  | Signature, typed or prefind name of registered ag | ent and little if applicable (NOTE: Re | gistered Agent signature require | ed when reinstating) DAT   | E   |
| 12.  | OFFICERS AN                                       | ID DIRECTORS                           | 13,                              | ADDITIONS/CHANGES TO OFFICERS A  |   |
| TITLE  | P PERMANA   | ☐ DELETE                               | 1.1 TITLE                        |  | Change Addition   |
| NAME   | ANDREWS, BERNARD                                  |  | 1.2 NAME                         |  |   |
| STREET ADDRESS   | 11103 WEST AVE<br>SAN ANTONIO TX                  |  | 1.3 STREET ADDRESS               |  |   |
| CITY-ST-ZIP  | S   | ☐ DELETE                               | 1.4 CITY-ST-ZIP                  |  | Change Addition   |
| TITLE<br>NAME  | PEARSON, MARK                                     | ☐ Decene                               | 2.1 TITLE                        |  | C Citalings C Magnificer                                    |
| STREET ADDRESS   | 11103 WEST AVE                                    |  | 2.2 NAME<br>2.3 STREET ADDRESS   |  |   |
| CITY-ST-ZIP  | SAN ANTONIO TX                                    |  | 2 4 CITY-ST-ZIP                  | ų ,  | 1   |
| TITLE  | <b>V</b>  | DELETE                                 | 3.1 TITLE                        |  | Change Addition   |
| NAME   | SHEPARD, DOUG                                     |  | 3.2 NAME                         |  |   |
| STREET ADDRESS   | 11103 WEST AVE                                    | j                                      | 3.3 STREET ADDRESS               |  | j   |
| CITY-ST-ZIP  | SAN ANTONIO TX                                    |  | 3.4. CITY-ST-ZIP                 |  |   |
| TITLE  | D   | ☐ DELETE                               | 4.1 TITLE                        |  | ☐ Change ☐ Addition   |
| NAME   | DESAI, ROHIT M<br>11103 WEST AVE                  |  | 4. 2 NAME                        |  |   |
| STREET ADDRESS   | SAN ANTONIO TX                                    |  | 4.3 STREET ADDRESS               |  |   |
| CITY+S1-ZIP<br>TITLE   | VINI PHI VINV IA                                  | DELETE                                 | 4.4 CITY-ST-ZIP<br>5.1 TITLE     |  | Change Addition   |
| NAME   |   | ال مدردار                              | 5.2 NAME                         |  |   |
| STREET ADDRESS   |   |  | 5.3 STREET ADDRESS               |  |   |
| CITY-S1-ZIP  |   |  | 5.4 CITY - ST - ZIP              |  | ľ   |
| TITLE  |   | DELETE                                 | 6.1 TITLE                        | <u></u>  | Change Addition   |
| NAME   |   |  | 6.2 NAME                         |  |   |
| STREET ADDRESS   |   |  | 6.3 STREET ADDRESS               |  | ]   |
| CITY-ST-ZIP  | 1   |  | 6.4 CITY - ST - ZIP              |  | 1   |

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 informatio 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 trustoe 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 utilized ment with an address.

**SIGNATURE:** 

(210) 340-3531