## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT Secretary of State  1996 DIVISION OF CORPORATIONS									
OCUN Corporation	MENT # P940	00001	1674 (	(6)					
GULF	POINTE OPTICAL, INC.								
incipal Place of Business Mailing Address  15600-10 SAN CARLOS BLVD. 15600-10 SAN CARLOS BLVD. FT. MYERS FL 33908 FT. MYERS FL 33908 US US									
						3. Date Incorporated or Qualified 02/07/1994	3a. Date of	Last Re /30/19	port 995
Principal Pla	ice of Business	2a, N	failing Address		//	4. FEI Number 65-0464267	<u> </u>	<u> </u>	Applied For Not Applicable
Suite, Apt. #	, etc.	27 27	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional Required
Oity & State		<b>28</b>	City & State			Election Campaign Financing     Trust Fund Contribution			May Be I to Fees
<i>Z</i> (p)	Country 25	<b>29</b>	ίρ	30 Co.	ntry	8. This corporation has liability for in Florida Statutes X Yes	ntangible tax u	under s	199.032,
	9. Name and Address of Cur	rrent Register	red Agent		81 Name	10. Name and Address of New R	egistered Ag	ent	
CARTA, STEVEN						(DO D- Al			
	ACKSON STREET					dress (P.O. Box Number is Not Acceptab	le) 		
ri. Mi	'ERS FL 33901				83				
					84 City		FL	85 Zp	Code
OF TESTISIESE	so agent, or both, in the State of F	-iorida. Such d	nange was authon		corporation s boa	oration submits this statement for the pur			
namiiar wid Nature :	h, and accept the obligations of, S Standard, typed or pricted name of registered a	Section 607.05	i05, Florida Statute	es.	Agont signature recycle	ard of directors. I hereby accept the appo	DATE	gistered	agent. I am
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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)(k), 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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIND OFFICER OR DIRECTOR

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