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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000011674 1. Corporation Name

GULFPOINTE OPTICAL, INC.

	on none, mo										
Principal Plac	ce of Business	Mailing Addres	s				DI IND FRAN DIBIN BURIN B				/BIT BIB) (BB)
11600 GLADIOLUS DRIVE		11600 GLADIOLUS DRIVE									
STE 109 FT. MYERS FL 33908											
FORT MYERS FL 33908 US							DO NOT WR	ITE IN THIS	SPAC	E	
US							orated or Qualifed				
	cipal Place of Business 2a. Mailing Addr					02/07/19					
⊢ .	Place of Business	2a. Mailing Address			4. FEI Number				App	lied For	
21			26			65-04642	<u> 267 </u>				Applicable
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.			5. Certifcate of	f Status Desired				dditional
City & State		City & State	27 Cit. 8 Ctata				- -	- ~		ee Rec	
⊢ ′		— ´				mpaign Financing				May Be	
Zip Country		Zip	Zip Country		,	Trust Fund				ided to	rees
24 25		29	20	30		1	This corporation owes the current year In Personal Property Tax.				□No
	9. Name and Address of Curr			<u>'l</u>			Address of New I	Registered	✓ Yes Agent	٠ .	_140
				81	Name	To Manie and	Addition of Hell I	togioterea	Harin		
CAR	ITA, STEVEN			_							
1619	9 JACKSON STREET			82 Street Ad		ldress (P.O. Box Num	nber is Not Accepta	able)			
FT. I	MYERS FL 33901			83							
				84	City			FL	85	Zip Co	ode
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508. Flor	ida Statutes, t	the above	-named cor	rporation submits this	s statement for the	numoca of	changir	na its n	anistered
office or r	to the provisions of Sections 607.0	ite of Florida. Such char	nge was autho	orized by	the corporal	rporation submits this tion's board of direct	s statement for the ors. I hereby acce	numoca of	changii ntment	ng its regi	egistered stered
agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such char	nge was autho	orized by	the corporal	rporation submits this ition's board of direct	s statement for the ors. I hereby acce	numoca of	changii ntment	ng its regi	egistered stered
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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 off an attachment with an address, with all other like empowered.

SIGNATURE