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FILED  
Mar 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000017641 (9)

1. Corporation Name

TRINITY FAMILY EYE CARE CENTER, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1994

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1751 E. COMMERCIAL BLVD.  
Suite, Apt. #, etc.

26 1751 E. COMMERCIAL BLVD.  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

KUPERSTEIN, STANLEY H  
1428 BRICKELL AVE  
6TH FLOOR  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP  
NAME GANNON, MARC J  
STREET ADDRESS 1741 EAST COMMERCIAL BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33334 ☐ DELETE

TITLE P  
NAME KASSIN, KENNETH  
STREET ADDRESS 1741 EAST COMMERCIAL BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33334 ☐ DELETE

TITLE D  
NAME SEIDMAN, HARRY  
STREET ADDRESS 1741 EAST COMMERCIAL BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33334 ☐ DELETE

TITLE S  
NAME FEDAK, LINDA  
STREET ADDRESS 1741 EAST COMMERCIAL BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33334 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.P. / SEC.  
1.2 NAME  
1.3 STREET ADDRESS 1751 E. COMMERCIAL BLVD.  
1.4 CITY-ST-ZIP ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE:

*[Signature]* 2/2/98 (954) 333-5522

CR2E034 (10/97)