FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:22

DOCUMENT # **P94000034001 (5)**

1. Corporation Name
SIGNS PLUS WONDERS OF FLORIDA, INC.

Principal Place of Business:
540 NORTH HIGHWAY 434
SUITE #536-A
ALTAMONTE SPRINGS FL 32714

Mailing Address:
540 NORTH HIGHWAY 434
SUITE #536-A
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business | 2a. Mailing Address

3. Date of Incorporation or Qualification: 05/05/1994 | 3a. Date of Last Report

4. FEI Number: 59-3288247 | 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOENIG, GARY L
540 NORTH HIGHWAY 434
SUITE #536-A
ALTAMONTE SPRINGS FL 32714

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] 4/28/95

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: HOENIG, GARY L
STREET ADDRESS: 540 NORTH HIGHWAY 434, SUITE #536-A
CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32714

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

REMITTED BY MAY 1

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and 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] 4/28/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0413091 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida
Certificate of Status

DOCUMENT # P94000034113

1. Corporate Name
Manasota Optics, Inc.

Principal Place of Business / Mailing Address

12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
May 4, 1994	N/A

2. Principal Place of Business	2a. Mailing Address
21 1743 Northgate Blvd.	26 1743 Northgate Blvd.
Suite Apt # etc. 22	Suite Apt # etc. 27
City & State 23 Sarasota, FL	City & State 28 Sarasota, FL
Zip 24 34234 Country 25 USA	Zip 29 34234 Country 30 USA

4. FEI Number 65-0487199 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired XX — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: David A. Lowery
	82 Street Address (P.O. Box Number is Not Acceptable): 1743 Northgate Blvd.
	83
	84 City: Sarasota FL 85 Zip Code: 34234

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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: David A. Lowery — July 7, 1995
(If changing registered agent, registered agent must sign.) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 19
Title / Name / Street Address / City-St-Zip	D/V/S/T ☐ Change ☐ Addition Michael P. Lacey 1743 Northgate Blvd. Sarasota, FL 34234
Title / Name / Street Address / City-St-Zip	D/P/AS/AT ☐ Change ☐ Addition David A. Lowery 1743 Northgate Blvd. Sarasota, FL 34234
Title / Name / Street Address / City-St-Zip	☐ Change ☐ Addition 200001548152 -07/28/95--01001--001 ****233.75 ****233.75
Title / Name / Street Address / City-St-Zip	☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip	☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip	☐ Change ☐ Addition

14. I declare that I have examined the information supplied with the blocks voluntarily furnished and deem not qualify for the exemptions 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 added.

SIGNATURE: David A. Lowery — July 7, 1995 — (813) 359-1748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)