

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000037360 (2)

1. Corporation Name

AN OPTICAL ILLUSION OF CHARLOTTE COUNTY, INC.



Principal Place of Business

425 CROSS ST.
PUNTA GORDA FL 33950

Mailing Address

425 CROSS ST.
PUNTA GORDA FL 33950

3. Date Incorporated or Qualified
04/19/1994

3a. Date of Last Report
06/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WICKS, GERALD
425 CROSS ST.
PUNTA GORDA FL 33950

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

Rhonda L. Wicks
Signature, typed or printed name of registered agent and title if applicable

Rhonda L. Wicks

(NOTE: Registered Agent signature required when reinstating)

4/20/96
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
DPT
WICKS, RHONDA
425 CROSS ST.
PUNTA GORDA FL 33950

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
DVS
WICKS, GERALD
425 CROSS ST.
PUNTA GORDA FL 33950

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

SIGNATURE:

Rhonda L. Wicks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rhonda L. Wicks

2/20/96

941-637-0203
Daytime Phone #

CR2E034 (12/95)