## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000077624 (2)

21ST CENTURY VISION, INC.

| Principal Place of Business Mailing Address |  |   | _   |   | åtiji snass senit åtith statt atkt idåt                              |
|---|--|---|---|---|--|
| 9200 B. DADELAND BLVD.<br>  BUITE 617       |  | 9200 S. DADELAND BLV<br>SUITE 617   | U.  |   |  |
| MIAMI FL 33156                              |  | MIAMI FL 33156-2766   |   | 3. Date Incorporated or Qualified   | 3a. Date of Last Report  |
|   |  |   |   | 10/24/1994  | 02/08/1996   |
| 2. Principal P                              | lace of Business   | 2a. Mairing Address   |   | 4. FEI Number   | Applied For  |
| 21 Suite Ant                                | И деа  | 26  |   | 65-0595971  | Not Applicable   |
| Suite, Apt. #, etc. 27                      |  | Suite, Apt. #, etc.   |   | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                                       |
| City & State                                | 9  | City & State  |   | 6. Election Campaign Financing  | \$5.00 May Be  |
| 23  |  | 28  |   | Trust Fund Contribution   | Added to Fees  |
| Zip   | Country  | Zip   | Country   | 8. This corporation has liability for it  |  |
| 24  | 25 Same and Address of Curren  | 29  | 30  | f Iorida Statutes  10. Name and Address of New Rec  | Yes X No   |
| 14/01                                       |  | Luchistaien Whalit  | 81 Name   | 10. Name and Address of New Reg   | Istered Agent  |
| WULAONI, MARJUNIE E                         |  |   |   |   |  |
| MIAMI FL 33173                              |  |   | 82 Street Ad  | ldress (P.O. Box Number is Not Acceptabl  | e)   |
| mean is out o                               |  |   | 83  |   |  |
|   |  |   | 84 City   | <del></del>   | <b>85</b> Zip Code   |
|   |  |   |   |   | <b>FL</b>  |
| agent. I ai                                 | lo the provisions of Sections 607,050<br>egistered agent, or both, in the State<br>in familiar with, and accept the obliga     | 2 and 607.1508, Florida Stati<br>of Florida. Such change was<br>tions of, Section 607.0505, F   | utes, the above-named of<br>authorized by the corpo-<br>lorida Statutes | orporation submits this statement for the piration's board of directors. I hereby accep   | urpose of changing its registered<br>t the appointment as registered |
| SIGNATURE                                   | Signature, typed or printed name of registered age-  | ond total of the police of the state of the second | OTF: Registered Agent signature re                                      | nuired when reinstaling)  | DATE   |
| 12.   | OFFICERS AND   |   | 13.   | ADDITIONS/CHANGES TO OFFIC  |  |
| TITLE                                       | D  | ☐ DELFTE  | 1.1 THEF  |   | Change Addition :  |
| NAME  | FEILER, JEFFREY E  |   | 1.2 NAME  |   |  |
| STREET ADDRESS                              | 9200 S. DADELAND BLVD., SU   | ITE 617   | 1.3 STREET ADDRESS  |   |  |
| CITY-ST-ZIP                                 | MIAMI FL 33156   | DELFIE  | 1.4 CITY - ST - ZIP   |   |  |
| TITLE                                       | D<br>Silverman, wayne  | ☐ htttir  | 217011  |   | Change Addition  |
| NAME<br>STREET ADDRESS                      | 180 HILTON AVENUE, SUITE D   | L.A   | 2.2 NAME<br>2.3 STREET ADDRESS  |   |  |
| CITY-ST-ZIP                                 | HEMPSTEAD NY 11550   | ·· <b>·</b>   | 2 4 CITY-ST-ZIP   |   | • •  |
| TITLE                                       | TILINI OTCOM TITE TOO  | DELFTE  | 3.1 TITLE   |   | Change Addition  |
| NAME  |  |   | 3.2 NAME  |   |  |
| STREET ADDRESS                              |  |   | 3.3 STREET ADDRESS  |   |  |
| CITY-ST-ZIP                                 |  |   | 3.4. CITY-ST-7IP  |   |  |
| TITLE                                       |  | ☐ DELFTE  | 4.1 THLE  |   | Change Addition  |
| NAME  |  |   | 4. 2 NAME   |   |  |
| STREET ADDRESS                              |  |   | 4.3 STREET ADDRESS  |   |  |
| CITY-ST-ZIP                                 |  | Doute   | 4.4 C(1) Y · S1 - 71P   |   |  |
| TITLE<br>NAME                               |  | LJ DELETE   | 5.1 TITLE   |   | Change Addition  |
| STREET ADDRESS                              |  |   | 5.2 NAMI  |   |  |
| CITY-ST-ZIP                                 |  |   | 5.3 STREET ADDRESS<br>5.4 CHY+ST-ZIP                                    |   | 1  |
| TITLE                                       |  | DELETE  | 6.1 TALE  |   | Change Addition  |
| NAME  |  |   | 6.2 NAME  |   |  |
| STREET ADDRESS                              |  |   | G.3 STREET ADDRESS  |   |  |
| CITY-ST-ZIP                                 |  |   | 6 4 CHY - S1 - 7IP  |   |  |
| 14. I do hereb                              | by certify that the information supplied   | with this filing does not qua   | lify for the exemption stat   | ed in Section 119.07(3)(i), Florida Statutes<br>at my signature shall have the same legal | . I further certify that the   |
| I am an of                                  | r indicated on this artifical report or si<br>ficer or director of the corporation or<br>h Block 12 or Block 13 if changed, or | the receiver or trustee empo  | wered to execute this rep   | lat my signature shall have the same legal<br>lort as required by Chapter 607, Florida St | atutes; and that my name   |

SIGNATURE Tother F. Seller All & A.

11/20/02 (305)670-7700

**FILED** 

May 14 1997 8:00am

Secretary of State