

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

**APPROVED AND FILED**

**95 APR 25 AM 8:18**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P94000090497 (6)**

1. Corporation Name

**CUSTOM BRILLE SERVICE, INC.**

Principal Place of Business

**2611 S.E. WESTMORELAND BLVD.  
PORT ST LUCIE FL 34952**

Mailing Address

**2611 S.E. WESTMORELAND BLVD.  
PORT ST LUCIE FL 34952**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/14/1984**

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

**65-0549102**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$0.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

22

27

23

28

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

24

25

29

30

9. Name and Address of Current Registered Agent

**GRENIER, PETER  
2611 S.E. WESTMORELAND BLVD.  
PORT ST LUCIE FL 34952**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number Is Not Acceptable)

B3

B4 City

**FL**

B5 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **DP**  
NAME: **GRENIER, PETER**  
STREET ADDRESS: **2611 S.E. WESTMORELAND BLVD.**  
CITY - ST - ZIP: **PORT ST LUCIE FL 34952**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE: **DST**  
NAME: **GRENIER, MARILYN**  
STREET ADDRESS: **2611 S.E. WESTMORELAND BLVD.**  
CITY - ST - ZIP: **PORT ST LUCIE FL 34952**

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

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

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

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

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

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

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

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 addition.

SIGNATURE: *Peter L. Grenier* *Peter L. Grenier* **4/21/95** **407-997-2449**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date License No.