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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000002343 (8)

1.	Corporation Name		

ANTHONY F. FAVALE II, O.D., INC. Principal Place of Business Mailing Address 10010 BELLERIVE BLVD. 10010 BELLERIVE BLVD. APT. 1102 APT. 1102 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 3. Date Incorporated or Qualified 3a. Date of Last Report 01/09/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s 199.032, Ζıρ Country Zip Country Florida Statutes Yes No 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FAVALE, ANTHONY F II Street Address (P.O. Box Number is Not Acceptable) 82 10010 BELLERIVE BLVD. 83 APT. 1102 JACKSONVILLE FL 32256 Zip Code 85 84 City 11. Pursuant to the provisionary Sections 697,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or boty, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and acc SIGNATURE stered Agent signature required when rematatings ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE PRESIDENT 1. 1 TITLE TITLE R2E034 1.2 NAME ANTHONY F. FAVALE II NAME 10010 BELLE RIVE BLVD APT 1102 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP JACKSONVILLE_FL_32256 CITY - ST - ZIP ☐ Change ☐ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 24 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 3 1 DILE Change TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - ST - ZiP CITY-ST-ZIP Change Addition DELETE 5. 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6000017527**86**% -03/21/96--01060--028 Addition DELETE 6. 1 TITLE TITLE 6.2 NAME NAME ***200.00 6.3 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 cath; 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 13 if planged, the statute of the corporation of the corporati 6 4 CITY - ST - ZIP

SIGNATURE:

ENDAURE AND THE OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

904642-7891