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PROFIT CORPORATION ANNUAL REPORT

1996

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

96 MAR 28 PM 3:58

OFFICE OF SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000030460 (6)**

1. Corporation Name

HWEAR GLASSES OF SO. FLA., INC.

Principal Place of Business	Mailing Address
10749 CLEARY BLVD., #202 PLANTATION FL 33324	10749 CLEARY BLVD., #202 PLANTATION FL 33324

3. Date Incorporated or Qualified: **04/14/1995** | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8551 W Sunrise Blvd #105	26 8551 W Sunrise Blvd
Suite, Apt. #, etc 22 #105	Suite, Apt. #, etc 27 #105
City & State 23 Plantation Fla	City & State 28 Plantation Fla
Zip / Country 24 33322 / 25 USA	Zip / Country 29 33324 / 30

4. FEI Number: 650505531327 — 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. 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
GOLDFARB, KAREN **10749 CLEARY BLVD., #202** **PLANTATION FL 33324**	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 8551 W Sunrise Blvd #105 83 84 City: Plantation FL 85 Zip Code: 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: Karen S Goldfarb - Karen S Goldfarb — 4/24/96
Signature, typed or printed name of registered agent — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD GOLDFARB, KAREN 10749 CLEARY BLVD., #202 PLANTATION FL 33324	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PSD Goldfarb 8551 W Sunrise Blvd #202 Plantation Fla 33324	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	900001940235 -03/05/96--00100-004 ****225.00	☐ Change ☐ Addition ****225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Q. Law 4-23-96	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 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 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: Karen S Goldfarb — Karen S Goldfarb — 4/24/96 — 954 473 0442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #