3R2F034 (10/97)

FILED

Apr 07 1998 8:00am

Secretary of State

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortkam '

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000074851 (3)

Quality Eye Care, Inc.

L CECO		7 6700		• .								
Principa Place of Business - Mailing Address												
2740HollywoodBlv0#1 Same												
								DO NOT WRITE IN THIS SPACE				
HO114W000, PL 33020								3. Date Incorporated or Qualified				
								<u> </u>		1995)	
2. Principal Place of Business 2a. Mailing Address								4. FEI Numbe		101	A	Applied For
21	M - 7 -			26				105	0611	190		lot Applicable
Suite Apt	₩. OC		—	Suite, Apt #, etc.				5. Certificate	of Status Desired	d 🔲	+	Additional Required
City & State	e			City & State				6 Election Ca	ampaign Financii	20		May Be
23			28	28					Contribution	ື 🗅	,	to Fees
Ζip	Zip Country			Zip Country				8. This corporation owes or has paid the current year Intangible				
24	25 29			30	0 Personal Prope			roperty Tax due .	erty Tax due June 30. 💢 Yes 🔲 No			
	9. Name	and Address of Co	urrent Registere	10. Name and	Address of Ner	v Registered	d Abent					
181 Name Denise I											>	
82 Street Addre								s (P.O. Box Nur	nber is Not Acce	ptable)	~ # i	
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						03						
						84 City	Mi.	woor	<u> </u>	F	85 Zip	Code
11. Pursuant	to the provis	ions of Sections 607	' 0502 and 607	1508_Florida Statu	utes the ab				is statement for			its registered
office or re	egistered ag	ions of Sections 607 ent, or 5001, in the S ith, and addept he c	state of Florida	Such change was	authorized	by the corp	poration	's board of dire	ctors. I hereby a	ccept the ap	pointment as	registered
	• C			LUN .	المارة المارة	nça						
SIGNATURE Signature: Typed on pricted name of registered agent and tale if applicable (NDTE: Registered Agent signature required								vhen reinslating)	-	DATE		
12.		OFFICERS	S AND DIRECTO		13.		,	ADDITIONS	CHANGES TO C	FFICERS AN		
TITLE				DELETE	1.1 TH		ارم	ne, A	ian	(P)	Change	Addition
NAME					1.2 NA		U)	7 005	per Ct.			
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CITY+ST+ZIP TITLE				☐ DELETE	2.1 TiT	Y-S1-ZIP	 				Change	Addition
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CITY-S1-21P						TY - ST - ZIP	Ho	عاللاسعه	DO,PC	330	2.1	
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NAME					3 2 NA	VE.	Tar	$\frac{1}{2}$	SOA	6	(Ŝ)	
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STREET ADDRESS	٨٨	~ (V)			ŀ	REIT ADDRESS	lHo'	hunac	OD, FLT	332019	7	(40)
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CITY-ST-ZIP						Y - ST - ZIP	(ao 1	aso2	ALC COUNT	4:37		
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NAME					6 2 NAI	MI	ALK	W *MIE	IN BELSO	₩N.	Board	momber
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CITY-ST-ZIP					G 4 CIT	Y - ST - ZIP	1 Ho	Huwood	FF- 37	3020		·

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on 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 or an attachment with an address

SIGNATURE:

RE AND TYPED OR PRIVATED NAME OF SIGNING OFFICER OR DIRECTOR

<u> 3|31|98</u>

954-925-2740