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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000077076

 Corporation 	Name				
OPTICAL	WORLD - INDIAN RIVER,	INC.			
					(A) 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100
Principal Place	e of Business	Mailing Address		i (Bitilia) ina carde grein abire abire sarre sa	'ETE (8814 1981) ETEMP ETE STE LEGE
6200 20TH SE		19575 BISCAYNE BLVD			
SUITE 330 STE 579				DO NOT WRITE IN TH	HIS SPACE
VERO BEACH FL 32966 N MAIMI BCH FL 33180 US US				3. Date Incorporated or Qualifed	110 OI AOL
03		03		09/26/1995	
Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
21	ace of business	26		65-0625446	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	,	27		5. Certifcate of Status Desired	Fee Required
City & State	e	City & State		6. Etection Campaign Financing	\$5.00 May Be
23		28	. <u> </u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax.	☐Yes ☐No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	ed Agent
			81 Name		
	ELS, MARTIN		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
100 SE SECOND ST			<u> </u>		
f	E 2100		83		
MIAN	AI FL 33131		84 City		85 Zip Code
					-L
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the above-named con	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.0505, Fl	orida Statutes.	giori's board of directors. Frictory, according up	pointer as regions =
SIGNATURE					
GIGIWATOTAL	Signature, typed or printed name of registered ag		E: Registered Agent signature requ		
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	D	☐ DELETE	1.1 TITLE		
NAME	EDELSBERG, LEO		1.2 NAME		
STREET ADDRESS	2061 NE 208TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33179	C) pc) crc	1.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	2.1 TITLE		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP	a unique and approximate	☐ Change ☐ Addition
TITLE		□ beceie	3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			4.1 TITLE		
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	· .	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE			5.2 NAME		
NAME			V /		
STREET ADDRESS			5.3 STREET ADDRESS	•	
OUT OF TO			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	,	
CITY-ST-ZIP		☐ DELFTE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	,	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	5.4 CITY-ST-ZIP	·	☐ Change ☐ Addition

CITY-ST-ZIP 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS