

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000083942 (9)**

1. Corporation Name

**EYE 2 EYE OPTICAL SERVICES, INC.**



Principal Place of Business  
**2955 E BUDD DRIVE  
COOPER CITY FL 33026**

Mailing Address

**2955 E BUDD DRIVE  
COOPER CITY FL 33026**

2. Principal Place of Business

**21**

Suite, Apt #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

Zip

**29**

Country

**30**

2a. Mailing Address

**26**

Suite, Apt #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

3. Date Incorporated or Qualified

**10/30/1995**

3a. Date of Last Report

Applied For  
 Not Applicable

4. FEI Number  
**\$8.75** Additional Fee Required

5. Certificate of Status Desired

\$5.00 May Be Added to Fees

6. Election Campaign Financing Trust Fund Contribution  
**No**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  
 Yes  No

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  
 Yes  No

9. Name and Address of Current Registered Agent

**BASHOUR, GHAITH  
2955 E BUDD DRIVE  
COOPER CITY FL 33026**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL** 85 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 signing officer or director

3. (b) Registered Agent Signature and Date of Change

Date

12.

OFFICERS AND DIRECTORS

DELETE

1. TITLE

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STREET ADDRESS

CITY-ST-ZIP

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