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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000017191 (3)

1. Corporation Name

DR. BARRY A. GOLDEN, OPTOMETRIC PHYSICIAN, P.A.

Principal Place of Business

7998 TENNYSON COURT
BOCA RATON FL 33433

Mailing Address

7998 TENNYSON COURT
BOCA RATON FL 33433-4144

3. Date Incorporated or Qualified

02/23/1996

3a. Date of Last Report

2. Principal Place of Business

21 5062 WEST ATLANTIC AVE
Suite, Apt. #, etc.

2a. Mailing Address

27 5062 WEST ATLANTIC AVENUE
Suite, Apt. #, etc.

4. FEI Number

65-0646832

Applied For

Not Applicable

22 City & State

23 DELRAY BEACH, FL.
Zip Country

24 33484 25 U.S.A.

27 City & State

28 DELRAY BEACH, FL.
Zip Country

29 33484 30 U.S.A.

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

BARNETT, BRIAN K
1214 N. UNIVERSITY DRIVE
PLANTATION FL 33322

10. Name and Address of New Registered Agent

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GOLDEN, BARRY A
STREET ADDRESS 7998 TENNYSON COURT
CITY - ST - ZIP BOCA RATON FL 33433

TITLE
NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS 5062 WEST ATLANTIC AVENUE
14 CITY - ST - ZIP DELRAY BEACH, FL 33484

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

BARRY A. GOLDEN

4/8/97

(561) 498-0888

CP2E034 (9/96)