

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

FILED

Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000019683 (7)**

1. Corporation Name

TROPICAL EYECARE, INC.

Principal Place of Business

~~236 LAPALOMA RD~~
KEY LARGO FL 33037

Mailing Address

~~236 LAPALOMA RD~~
KEY LARGO FL 33037



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	7 OCEAN DR	26	7 OCEAN DR	03/04/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0651455	
City & State		City & State		Applied For	
23 Key Largo, FL		28 Key Largo, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33037		29 33037		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25 USA		30 USA			

9. Name and Address of Current Registered Agent

~~MANN, KENDALL S~~
~~236 LAPALOMA RD~~
~~KEY LARGO FL 33037~~

10. Name and Address of New Registered Agent

81 Name **DR. CLARE M. MANN**
82 Street Address (P.O. Box Number is Not Acceptable) **7 OCEAN DR**
83
84 City **Key Largo** FL 85 Zip Code **33037**

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

Clare M. Mann

3/19/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVT	1.1 TITLE	DPVT
NAME	MANN, CLARE M	1.2 NAME	MANN, CLARE M.
STREET ADDRESS	236 LAPALOMA RD	1.3 STREET ADDRESS	7 OCEAN DR
CITY-ST-ZIP	KEY LARGO FL 33037	1.4 CITY-ST-ZIP	Key Largo, FL. 33037
TITLE		2.1 TITLE	S
NAME		2.2 NAME	STEVEN M WAGNER
STREET ADDRESS		2.3 STREET ADDRESS	8120 SHERIDAN BLVD # C-100
CITY-ST-ZIP		2.4 CITY-ST-ZIP	WESTMINSTER, CO. 80003
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:

Clare M. Mann

3/19/98

CR2E034 (10/97)