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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000032082 (5)

1. Corporation Name

SPECTERA VISION SERVICES OF FLORIDA, INC.

Principal Place of Business

2811 LORD BALTIMORE DR.
BALTIMORE MD 21244

Mailing Address

2811 LORD BALTIMORE DR.
BALTIMORE MD 21244-2652



3. Date Incorporated or Qualified 04/21/1994 3a. Date of Last Report 05/01/1996

4. FEI Number 52-1780178 Applied For Not Applicable

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

KATZ, KUTTER, HAIGLER, ALDERMAN, DAVIS, MA
RKS & RUTLEDGE, P.A.
108 E. COLLEGE AVE., SUITE 1200
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 re-registering)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CAMP, OSCAR B MD
STREET ADDRESS 7560 FAIRMONT CT.
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE

NAME HUNTER, JON
STREET ADDRESS 1123 BRIARCLIFF RD., NE
CITY-ST-ZIP ATLANTA GA 30308

TITLE STD ☐ DELETE

NAME SEDNEY, BLAISE C
STREET ADDRESS 310 N. SHAMROCK RD.
CITY-ST-ZIP BEL AIR MD

TITLE V ☐ DELETE

NAME MANCHIO, LAURENCE A
STREET ADDRESS 5300 DURHAM RD
CITY-ST-ZIP COLUMBIA MD 21044

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/P ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP 33496 ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☒ Change ☐ Addition

3.1 TITLE S/T/D ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 105 Colvard Court

3.4 CITY-ST-ZIP Forest Hill, MD 21050 ☒ Change ☐ Addition

4.1 TITLE V/D ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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]

4/24/97

CR2E034 (9/96)