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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

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Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90050 030 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000052636

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

WESTERN COMMUNITIES VISION CARE, INC.

			_				
Principal Place	e of Business	Mailing Address		_	()BRIBE NA (BIG BIN BEN BEN		
15862 77TH TR	AIL NORTH	15862 77TH TRAIL NORTH					
PALM BEACH GARDENS FL 33418		PALM BEACH GARDENS FL 33418		DO NOT WRIT	E IN THIS SPACE		
	•				3. Date Incorporated or Qualifed		
					06/17/1996		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	17,	Applied For
21	•	26			65-0682899		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	Additional
22		27			5, Certicate of Citatos Boshoo	Fee I	Required
City & State	8	City & State			======================================		O-May Be
23		28	Country		Trust Fund Contribution		d to Fees
Zip	Country	Zíp	Country		8. This corporation owes the curre	int year Intangible ☐ Yes	XÍNo
24	9. Name and Address of Current		30		Personal Property Tax. 10. Name and Address of New R		
-	9. Name and Address of Current	t Kegisteren Agent	81	Name	10. Name and realised of them to	<u></u>	
MAR	RONE, CHARLES				(100 D N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-1-1	
1586	52 77TH TRAIL NORTH		82	Street Ad	Idress (P.O. Box Number is Not Acceptal	ole)	
PALI	M BEACH GARDENS FL 33418		83				
I			84	City		FL 85 Zi	Code
44 D	to the provisions of Sections 607 0500	2 and 607 1508. Florida Statutes	s the above	e-named co	rporation submits this statement for the	ourpose of changing i	ts registered
17. Pursuani			s, the above				
office or re	egistered agent, or both, in the State o	of Florida. Such change was aut	thorized by	the corpora	ation's board of directors. I hereby accept	the appointment as	registered
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	thorized by	the corpora	tion's board of directors. I hereby accept	the appointment as	registered
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP