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Apr 15 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 # P96000098285 (5)

1. Corporation Name

PRIVATE EYES OPTICS OF DEERFIELD, INC.



Principal Place of Business

4280 NORTH WEST 1ST TERRACE
POMPANO BEACH FL 33064

Mailing Address

4280 NORTH WEST 1ST TERRACE
POMPANO BEACH FL 33064-2502

3. Date Incorporated or Qualified

12/03/1996

3a. Date of Last Report

2. Principal Place of Business

21 230 S. Powerline Road

Suite, Apt. #, etc.

22 Suite 1

City & State

23 Deerfield Beach FL

Zip

24 33442

Country

25 Broward

2a. Mailing Address

26 230 S. Powerline Road

Suite, Apt. #, etc.

27 Suite 1

City & State

28 Deerfield Beach FL

Zip

29 33442

Country

30 Broward

4. FEI Number

650713916

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

9. Name and Address of Current Registered Agent

SANCHEZ, DELORES K ESQ.
4701 N. FEDERAL HIGHWAY
SUITE 316
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent

81 Name Beth Jo McCullom

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

4280 NW 1ST Terr

83 Betty McCullom owner

84 City Pompano Beach

FL

85 Zip Code

33064

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D MCCULLOM, BETH JO
STREET ADDRESS 4280 NORTH WEST 1ST TERRACE
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

Betty McCullom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-97

Date

954-427-2133

Daytime Phone # 0002268

CR2E034 (9/96)