1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000098285

FNIVATE	EYES UPTICS OF DEERFI	ELU, INC.					
Principal Place	e of Business	Mailing Address			- I ISANCANI NIN INNE ANNI ASIN ASIN ASIN AN	ili maila ibiat ibila (mbs	19191 9111 1991
·		230 S. POWERLINE ROAD	POWERLINE ROAD				
1 DEERFIELD BEACH DL 33064 D		1 Deerfield Beach FL 3306	DEERFIELD BEACH FL 33064		DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed		
					12/03/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		plied For
21		26			65-0713916		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re	
22		27					
City & State City & State		⊢ ' ′			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	· 1
Zip	Country	Zip	Count	rv	This corporation owes the current y		-
24	25	·	30	•	Personal Property Tax.		□No
24	9. Name and Address of Current				10. Name and Address of New Regis	stered Agent	
-			8	1 Name			
	CULLOM, BETH J.			2 Street Addr	ess (P.O. Box Number is Not Acceptable)		
	NW 1ST TERR	•	Ľ				
POM	MPANO BEACH FL 33064		[8	3			ļ
			1	4 City		FL 85 Zip C	Code
11.		2 and 607 1509 Elorida Statuta	s the abo	we-named com	oration submits this statement for the purp	ose of changing its	registered
Affice or r	registered agent or both in the State (nt Florida. Such change was au	itnorizea i	ov tne comogratic	on's board of directors. I hereby accept the	appointment as reg	gistered
l accentia	im familiar with, and accept the obligat	ions of Section 607 0505. Flori					
agont a	, .		ua Otatut	75.			į
SIGNATURE	• •			ent signature required	d when reinstating)	ATÉ	
ļ	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F			d when reinstating) ADDITIONS/CHANGES TO OFFICE		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered A	ent signature required			RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND D MCCULLOM, BETH JO	t and title if applicable. (NOTE: FD DIRECTORS DELETE	Registered A	ent signature required		RS AND DIRECTO	
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



954-427-2133

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90032 024 ***150.00