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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 04 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000102875 (7)

THE DO	OCU CENTER INC.	0102075 (7,	'		
Principal Place	of Business	Mailing Address			.HO 11801 18171 10001 0111 1001
658 S. MILITARY TRL. DEERFIELD BEACH FL 33442		658 S. MILITARY TRL. DEERFIELD BEACH FL 33442		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
- 				12/23/1996	
	ace of Business	2a, Mailing Address		4. FEI Number	Applied For
Sulte, Apt. #, etc		Suite, Apt. #, etc.		65-0729304	Not Applicable
22		50/10, Apr. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25	29			Yes No
	9. Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New Registered	Agent
	ONG, ROBERT		oi manie		· · · · · · · · · · · · · · · · · · ·
	19 BOCA CHICA CIR.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
BUL	CA RATON FL 33433		83		
			84 City	FL	85 Zip Code
11. Pursuant to office or re agent. I an	o the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligi	i? and 607.1508, Florida Statu of Florida Such change was ations of, Section 607.0505, F	ules, the above-named corp authorized by the corporal forida Statutes.	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	of changing its registered pointment as registered
SIGNATURE _			,		
	Signaturu, typed or printed name of registered age		TE Registered Agent signature requir		
12.	OFLICERS ANI	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change Addition
NAME	QUONG, ROBERT	La Delete	1.2 NAME		L] Ollarige L] Addition
STREET ADDRESS	23319 BOCA CHICA CIR.		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY - \$1 - 2IP		
TITLE	DV	DELETE	2.1 TITLE		Change Addition
NAME	QUONG, DANIEL		2.2 NAME		
STREET ADDRESS	23319 BOCA CHICA CIR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		2. 4 CiTY - ST - ZiP		
TITLE	-	DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			. 3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DEL e te	3.4. CHY-ST-ZIP	<u> </u>	Change Addition
TITLE NAME		□ bicci	4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		•
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DEL E 1E	6.1 TITLE	The state of the s	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I hereby co indicated o officer or d Block 12 o	artify that the information supplied won this annual report or supplementa firector of the corporation or the rece or Block 13 if changed or on an atta	ith this filing does not quality at annual report is true and ac eiver of trustee empowered to chiment with an address.	for the exemption stated in courate and that my signatu execute this report as requ	Section 119.07(3)(i), Florida Statutes. I further or the shall have the same legal effect as if made unuired by Chapter 607, Florida Statutes; and that it	ertify that the information ander oath; that I am an my name appears in