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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P97000074081

1. Corporation Name

## Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90017 015 \*\*\*150.00

QUALITY	Y CARE OPTICAL, INC.						
					1 ( <b>186</b> ) ( <b>34</b> ) (37) (37) (38) (38) (38) (48) (38)	II 1880) BIBIT BUI	1 (818) (18) ( <b>43</b> )
Principal Place	e of Business	Mailing Address			I INDELIDARE ILAN ENIÈS FRANCE RANTS ROUEL DOSTIT AND		
840 US HWY.	1. STF. 425	840 US HWY. 1, STE. 425					
N. PALM BEACH FL 33408 N. PALM BEACH FL 33408							
					DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed		
					08/25/1997		
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0780403		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22 City 8 Ctat		27				Fee Re	quired
City & State	<b>.</b>	City & State			6. Election Campaign Financing	\$5.00	
Zip	Country	28 7in			Trust Fund Contribution	Added 1	o Fees
	25	Zip	Country	<i>'</i>	8. This corporation owes the current year Ir		
24	9. Name and Address of Curre		30		Personal Property Tax.	Yes	□No
	5. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registered	1 Agent	
ROS	ENBLUM, PAUL		"	Ivaille			į
840 US HWY. 1, STE. 425			82	Street Addre	eet Address (P.O. Box Number is Not Acceptable)		
	ALM BEACH FL 33408		-				
			83		•		1
			84	City		85 Zip (	ode
44	- the		1		F!	_ 1	
		00 1 007 4500 51 11 01 4 4		l <u> </u>		<del>-                                      </del>	
office or re	o the provisions of Sections 607,050 additions for the State	02 and 607.1508, Florida Statute	s, the above	e-named corpo	oration submits this statement for the number of	f changing its	registered
Onice or re	egistered agent, or both, in the State familiar with, and accept the obligation	i di niorda. Such change was au	itnonzea by	the comporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	f changing its intment as re	registered gistered
agent. I ar	sqistered agent, or both, in the State	i di niorda. Such change was au	itnonzea by	the comporation	oration submits this statement for the number of	f changing its intment as re	registered gistered
agent. I ar	in familiar with, and accept the obligation of t	ations of, Section 607.0505, Flori	itnonzed by ida Statutes	the comporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	f changing its intment as re	registered gistered
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signature  12.	Signature, typed or printed name of registered age  OFFICERS AN	ations of, Section 607.0505, Flori	ida Statutes Registered Ager	tne corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint board of directors are proposed in the purpose of the pu	intment as re	gistered
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agent. I ar SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AN P ROSENBLUM, PAUL D 840 US HWY 1 SUITE 425	ations of, Section 607.0505, Florient and title if applicable.  (NOTE: ND DIRECTORS	Registered Ager  13.  1.1 TITLE	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint board of directors are proposed in the purpose of the pu	ND DIRECTO	RS IN 12
SIGNATURE  12.  TIFLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age  OFFICERS AN P ROSENBLUM, PAUL D	ations of, Section 607.0505, Flori ent and title if applicable (NOTE: ND DIRECTORS	Registered Ager  13.  1.1 TITLE  1.2 NAME	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint board of directors are proposed in the purpose of the pu	ND DIRECTO	RS IN 12
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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.

SIGNATURE: 📈

561-622-6333