

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000001972

1. Corporation Name

EDWARD V. LAIBL, O.D., P.A.

Principal Place of Business

2194 A1A, STE 109  
INDIAN HARBOUR BEACH FL 32937

Mailing Address

2194 A1A, STE 109  
INDIAN HARBOUR BEACH FL 32937

FILED

99 OCT 26 PH 5:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1998

4. FEI Number

59-3494933

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

1 Suite, Apt. #, etc.

3. City & State

4. Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27. City & State

28. Zip Country

9. Name and Address of Current Registered Agent

LAIBL, EDWARD V O.D.  
2194 A1A, STE 109  
INDIAN HARBOUR BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME LAIBL, EDWARD V O.D.  
STREET ADDRESS 2194 A1A, STE 109  
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

800003038868--2

11/09/99 01007 015

\*\*\*150.00 \*\*\*150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)



**DR. EDWARD V. LAIBL, OPTOMETRIST**

Atlantis Professional Center • 2194 A1A • Suite 109 • Indian Harbour Beach, Florida 32937

(305) 777-1670

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October 19 1999

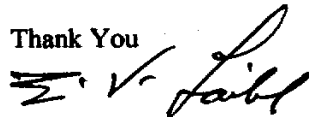
Florida Department Of State

To Whom It May Concern,

On April 16, 1999, I sent a completed Profit Corporation Annual Report with an enclosed check for \$150.00. The check number was 1115. A short time later, I received a delinquent notice at which time I called your office and was told the forms probably had crossed in the mail. Apparently these forms were lost as my check has not cleared the bank.

Enclosed is a photocopy of my original form that was filed in a timely manner, as well as a copy of my accounting register and my check register showing when the check was issued. I am enclosing a replacement check and am asking that you wave the late penalties; any questions please contact my office manager, Lynda Burton at (407) 777-1670.

Thank You

  
E. V. Laibl