

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jul 07, 1999 8:00 am**  
**Secretary of State**

07-07-1999 90013 035 \*\*\*150.00

DOCUMENT # **P98000059717** ✓

1. Corporation Name

**EYETOPIAN OPTICAL, INC.**



Principal Place of Business

**3480 POND APPLE COURT  
BONITA SPRINGS FL 34134**

Mailing Address

**3480 POND APPLE COURT  
BONITA SPRINGS FL 34134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/01/1998**

4. FEI Number

**59-3524249**

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. ☐ Yes ☒ No

2. Principal Place of Business

**1 26831 South Bay Drive**

Suite, Apt. #, etc.

**2 Suite 108**

City & State

**3 Bonita Springs, FL**

Zip

**4 34134**

Country

**25 US**

2a. Mailing Address

**26 Same as 2.**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**GARLICK, THOMAS B  
8889 PELICAN BAY BLVD. STE. 300  
NAPLES FL 34108**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **CHASNOV, CRAIG S**  
STREET ADDRESS **477 BAY VILLAGE DRIVE**  
CITY-ST-ZIP **ROCHESTER NY 14609**

TITLE **D** ☐ DELETE  
NAME **HUNTSINGER, KELLY L**  
STREET ADDRESS **477 BAY VILLAGE DRIVE**  
CITY-ST-ZIP **ROCHESTER NY 14609**

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 **3480 POND APPLE COURT**  
1.4 CITY-ST-ZIP **Bonita Springs, FL 34134**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **Chasnov, Kelly L.**  
2.3 STREET ADDRESS **3480-Pond Apple Court**  
2.4 CITY-ST-ZIP **Bonita Springs, FL 34134**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME **Name changed -**  
3.3 STREET ADDRESS **due to marriage**  
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 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:

**WILL SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

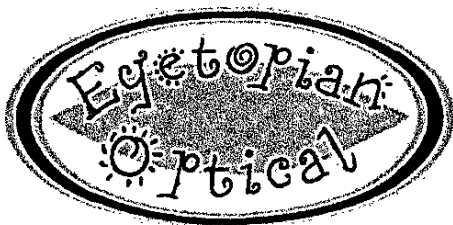
**7/1/99**

**941-498-4420**

Date

Daytime Phone #

CR2E034 (5/99)



P98000059717  
582649-90013-35

## Eyetopian Optical, Inc.

July 2, 1999

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

We are filling the 1999 Corporation Annual Report late because we did not receive the first notice. There was a change of address and the post office did not forward the packet to the new address.

When we discussed the problem with personnel in your office, we were advised to file now and enclose a check for \$150.00.

Sincerely,

Craig Chasnov  
Secretary