

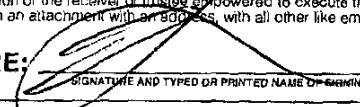
Apr 26 04 04:15p

Arthur Palermo Jr

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90697 043 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000052830		
1. Entity Name WORLD VISION CENTERS II INC.		
Principal Place of Business 4927 SHERIDAN ST. HOLLYWOOD, FL 33021		Mailing Address 4927 SHERIDAN HOLLYWOOD, FL 8828 State Rd 84 Davie, FL 33324
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HARRIS, RUSK 8828 STATE RD 84 DAVIE, FL 33324		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	HARRIS, RUSK	
STREET ADDRESS	8828 STATE RD 84	
CITY-ST-ZIP	DAVIE, FL 33324	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		4-26-04 (954) 9168984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #