

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # S42824

1. Entity Name

DISCOUNT OPTICS, INC.



Principal Place of Business

1200 SOUTH ROGERS CIRCLE
#13
BOCA RATON FL 33487
US

Mailing Address

1200 SOUTH ROGERS CIRCLE
#13
BOCA RATON FL 33487
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0255783**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

OPPER, NORMAN
18420 LONG LAKE DRIVE
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	OPPER, NORMAN	
STREET ADDRESS	18420 LONG LAKE DRIVE	
CITY - ST - ZIP	BOCA RATON FL 33496	
TITLE	EVPS	<input type="checkbox"/> Delete
NAME	OPPER, DEBORAH	
STREET ADDRESS	18420 LONG LAKE DRIVE	
CITY - ST - ZIP	BOCA RATON FL 33496	
TITLE	VPOB	<input type="checkbox"/> Delete
NAME	OPPER, JARED	
STREET ADDRESS	18420 LONG LAKE DRIVE	
CITY - ST - ZIP	BOCA RATON FL 33496	
TITLE	VPOB	<input type="checkbox"/> Delete
NAME	OPPER, SCOTT	
STREET ADDRESS	18420 LONG LAKE DRIVE	
CITY - ST - ZIP	BOCA RATON FL 33496	
TITLE	VPOS	<input type="checkbox"/> Delete
NAME	OPPER, TODD	
STREET ADDRESS	18420 LONG LAKE DRIVE	
CITY - ST - ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/07 (561)487-8882

Date

Daytime Phone *