

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morchar
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S44465** (0)
1. Corporation Name
MANDARIN EYECARE ASSOCIATES, INC.

Principal Place of Business Mailing Address
**11111-00 SAN JOSE BLVD.
JACKSONVILLE FL 32223** **11111-00 SAN JOSE BLVD.
JACKSONVILLE FL 32223**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/08/1991** 3a. Date of Last Report **04/28/1994**
4. FEI Number **59-3113707** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 25. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 29. Zip Country 30. Country

9. Name and Address of Current Registered Agent
**HATHY, SAMUEL O.D.
12837 JULINGTON FOREST DRIVE EAST
JACKSONVILLE FL 32258**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------------|
| TITLE | D |
| NAME | HATHY, SAMUEL O.D. |
| STREET ADDRESS | 12837 JULINGTON FOREST |
| CITY - ST - ZIP | JACKSONVILLE FL |
| TITLE | D |
| NAME | HATHY, GARY |
| STREET ADDRESS | 10059 HUNNINGTON FOREST |
| CITY - ST - ZIP | JACKSONVILLE FL |
| TITLE | D |
| NAME | HATHY, LARRY |
| STREET ADDRESS | 2737 HILLVIEW ST. |
| CITY - ST - ZIP | SARASOTA FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statute. I further certify that the information indicated in this annual report or biennial 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 owner 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: Gary Hathy Gary Hathy 4/27/95 904-292-3975
SIGNATURE AND TYPE OR PRINTING NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)