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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S50225

(9)

ONIX OPTICAL CENTERS, INC.

FILED Apr 11 1997 8:00am Secretary of State



Principal Frac		h 4	David Andrews				-{	IJOH OFOII BENE BURK	<b>8181 8181 188</b> 1
1550 W 84TH :	ce of Business et		iting Address ), BOX 4084					Date Incorporated or Qualified 5/07/1991 08/07/1996  EI Number 65-0265437 Applied For Not Applied For Not Applied For Status Desired Fee Required Feetion Campaign Financing Fust Fund Contribution Added to Fees Form Not Added to Fees Form Not Applied For Required Fust Fund Contribution Not Added to Fees Form Not Added to Fees Form Not Form Not Fees Not Not Added to Fees Form Not Fees Not Not Page 199-032 Not Page 19	
330 W 641A .	OI.		LEAH FL 33014-0064						
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2. Principal F	Place of Business	2a.	Mailing Address			<del></del>	4. FEI Number	1 00/07/10	
		26	<b>3</b>				65-0265437		
Suite, Apt	#, etc.	27	Suite, Apt. #, etc.	··			5. Certificate of Status Desired	1 1	
City & Stat	le	26	City & State				6. Election Campaign Financing Trust Fund Contribution		
Ζ(ρ)	Country		Zip	Cc	ountry				der s. 199.03
<u> </u>	25	[29]		30					
	9. Name and Address of	Current Hegist	erea Agent		81	Name	10. Name and Address of New He	gistered Agent	
	ORGA, LUCELINA								
	0 W 54 ST . #319				82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)	
	LEAH FL 33012				83				
					84	City	7071-71-11-11-11-11-11-11-11-11-11-11-11-1	FL 85	Zip Code
SIGNATURE	Silv also lityped or proded can unit rege	stered agent and fille if	tappicable (N	O*E: Registe	red Age		on's board of directors. I hereby accepted when reinstating)	DATE	
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I do 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 Fam an officer or circictor 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. B if changed, or on applitachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NINE OF SIGNATURE AND TYPED OR PRINTED NINE OF SIGNATO OFFICER OR DIRECTOR

4/4/91 305-824-1448