FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V40412

(1)

LEFFLER EYE CARE CENTER, INC.

FILED
May 01 1997 8:00am
Secretary of State

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Principal Place of Business Mailing Address		T 100 (1 \$150) DIPY DOM BIPR 11919 IIDI DEDIL BIDEL BIBIL DIDIL DIDIL DIDIL DIDIL			
9810 ALT A1A STE 107 PALM BEACH GARDENS FL 33410	9810 ALT. A1A STE 107 PALM BEACH GARDEN	S FL 33410-49	32		
us	US	J 12 40110 10	~~	3. Date incorporated or Qualified 06/02/1992	3a. Date of Last Report 05/01/1996
Principal Place of Business 1	2a. Mading Address 26			4. FEI Number 65-0347555	Applied For Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.	·····		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zıp	Count	ry	This corporation has liability for	
24 25	29	30		Florida Statutes	Yes No
	of Current Registered Agent		1 Name	10. Name and Address of New R	egistered Agent
LEFFLER, WILLIAM, JR.		8	1 Name		
7886 150 CT N Palm Beach Gardens Fl	_ 33418	8	2 Street Addr	ress (P.O. Box Number is Not Accepte	ible)
		ē	3		
•		8	4 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections	s 607 0502 and 607 1508. Florida Sta	itutes the abo	ve-named corr	poration submits this statement for the	
office or registered agent, or both, in agent. I am familiar with, and accept	i the State of Florida. Such change wa	is authorized	by the corporal	tion's board of directors. I hereby acce	ept the appointment as registered
SIGNATURE Signature typed or pointed name of n	and long it also the leave need and	NOTE: Bacistaged A	inent signature requir	red when reinstating)	DATE
	CERS AND DIRECTORS	13.	Sout S. S. See Lorde	ADDITIONS/CHANGES TO OFFI	
THLE PTD	DELETE	1.1 7071.1			Change Addition
NAME LEFFLER, WILLIAM JR	₹.	1.2 NAM	E		
STREET ADDRESS 7888 150 CT N		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP PALM BCH GDNS FL			-ST-ZIP		
TITLE VSD	☐ DELETE	21 TITU			Change Addition
NAME HAAS, DEBORAH STREET ADDRESS 7886 150 CT N		2 2 NAM	· }		
DALM DOU ODNIC EL			ET ADDRESS		
TITLE PALM DON GUNS FL	DELETE	2 4 CIT 3.1 TITL	(-ST-ZIP		Change Addition
NAME	breeze	3.2 NAM			Cal bridge Cal Roomer
STREET ADORESS			ET ADDRESS		
City-St-ZiP			(-\$1-ZIP		
TITLE	DELETE	4.1 T(T)			Change Addition
NAME		4. 2 NAN	AE		
STREET ADDRESS		4.3 STR	ET ADDRESS		
CITY-ST-ZIP		4.4 CITY	-\$T-ZIP		
TITLE	DELETE	5 1 TITL			Change Addition
NAME:		5.2 NAM	E	•	
STREET ADDRESS		5.3 STRI	ET ADDRESS		
CITY-S1-70P	T os see		-ST-ZIP		At
TIBE	DELETE	6.1 TITL			Change Addition
NAME		6.2 NAN			
STREET ADDRESS			ET ADDRESS		
CHTY-S1-7IP		6.4 CITY	-ST-ZIP		

14. I do heretry 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 an just port of 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 comparation or the policy 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 11 angels, or or a paratiachment with an address.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H-93-C-

Daytime Phone #