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

I hereby certify that the information indicated on this annual report of the confidence of the confidence of the confidence of Block 12 or Block 13 if change

**SIGNATURE** 

**PROFIT** Feb 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V40412 (1)LEFFLER EYE CARE CENTER, INC. Principal Place of Business Mailing Address 9810 ALT A1A 9810 ALT. A1A STE 107 **STF 107** DO NOT WRITE IN THIS SPACE PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33418 US 3. Date Incorporated or Qualified 06/02/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0347555 Not Applicable Suite, Apt #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes Yes 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LEFFLER, WILLIAM, JR. 7886 150 CT N 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33418 83 City 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stignative Typed or protect name of respectived in jent well to entapply able (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 1011 Change Addition LEFFLER, WILLIAM JR. NAME 1.2 NAME 7886 150 CT N STREET ADDRESS 1.3 STREET ADDRESS PALM BCH GDNS FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME HAAS, DEBORAH 2.2 NAME STREET ADDRESS 7886 150 CT N 2.3 STREET ADDRESS PALM BCH GDNS FL CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 THTEF 11TLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE **5.2 NAME** NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

**n**ot with an address

it with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information crulal armual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an increaver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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**FILED**