FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED
AND
FILED

95 MAY 23 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FILED
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V63959 (3)

1. Current Name
OSVAR ENTERPRISES INC.

Principal Place of Business
780 N.W. LEJEUNE ROAD
SUITE 400
MIAMI FL 33126

Mailing Address
780 N.W. LEJEUNE ROAD
SUITE 400
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1992
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business
21
Suite, Apt. # or Bldg.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. # or Bldg.
27
City & State
28
Zip
29
County
30

4. FEI Number: 65-0424420
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

7. This corporation has qualified for eligible for under S. 790.065 Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARQUEZ, JOSE M.
780 N.W. LEJEUNE ROAD
SUITE 400, LEJEUNE CENTRE
MIAMI FL 33126

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 Section 607.0502 and/or 607.1008, 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
DPS VARGAS, AUGUSTO C. 780 NW LEJEUNE RD #400 MIAMI FL	☐ Change ☐ Addition
VP MARQUEZ, KAREN 780 NW LEJEUNE RD, #400 MIAMI FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is absolutely true and correct as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this 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 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 12 or Block 13 with an asterisk (*) or an attachment with an asterisk.

SIGNATURE: ✓ [signature] 5-17-95 ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date ✓

0121016 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V64441** **(1)**

1. Corporation Name

CLEARWATER OCUCENTER, INC.

Principal Place of Business	Mailing Address
LOWREY EYE CLINIC 1840 N HIGHLAND AVE CLEARWATER FL 34615 US	LOWREY EYE CLINIC 1840 N HIGHLAND AVE. CLEARWATER FL 34615 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/14/1992**
3a. Date of Last Report: **08/18/1994**
4. FEI Number: **59-3149390** ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~WEEGNER KAREN~~
1840 N. HIGHLAND AVE.
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name: **Ronald L. Edmonds**
82 Street Address (P.O. Box Number is Not Acceptable): **1840 N. Highland Avenue**
83
84 City: **Clearwater** **FL** 85 Zip Code: **34615**

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: *Ronald L. Edmonds* **Ronald L. Edmonds** **4/15/95**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEWIS, THOMAS P
STREET ADDRESS	5100 POPLAR AVE. STE. 2100
CITY-ST-ZIP	MEMPHIS TN
TITLE	S
NAME	EDMONDS, RONALD L
STREET ADDRESS	5100 POPLAR AVE. STE. 2100
CITY-ST-ZIP	MEMPHIS TN
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ronald L. Edmonds* **Ronald L. Edmonds** **4/15/95** **(901) 683-7868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0355457 CP

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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

[illegible] AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V64565** **(7)**

1. Corporate Name

CLASSIC LAWNS, INC.

Principal Place of Business

4357 TIMUQUANA ROAD
JACKSONVILLE FL 32210

Mailing Address

P.O. BOX 112 ORTEGA STATION
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Qualified): **09/17/1992**

3a. Date of Last Report: **05/16/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or PO — 22

Suite, Apt. # or PO — 27

City & State — 23

City & State — 28

Zip — 24 County — 25 Zip — 29 County — 30

4. FEI Number: **59-3142290** — 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. Has Corporation ever been subject to dissolution for failure to file Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHWALBE, DAN S
4357 TIMUQUANA ROAD
JACKSONVILLE FL 32210

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 Section 607.0501, 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. The changes are 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

12. OFFICER AND DIRECTORS

Title	DPST
Name	SCHWALBE, DAN S.
Street Address	1311 AZALEA DRIVE
City-State-Zip	JACKSONVILLE FL 32210
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title ☐ Change ☐ Addition
Name
Street Address
City-State-Zip

Title ☐ Change ☐ Addition
Name
Street Address
City-State-Zip

Title ☐ Change ☐ Addition
Name
Street Address
City-State-Zip

Title ☐ Change ☐ Addition
Name
Street Address
City-State-Zip

Title ☐ Change ☐ Addition
Name
Street Address
City-State-Zip

Title ☐ Change ☐ Addition
Name
Street Address
City-State-Zip

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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 the signature(s) below is/are the current legal officer(s) as it may apply 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dan S. Schwalbe President 5-1995 (904) 388 5431

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR — Title — Date — Telephone Number

Dan S Schwalbe President

0018444 CP