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Apr 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K95326 (0)  
1. Corporation Name  
EYEWEAR EXPRESS, INC.



Principal Place of Business Mailing Address  
C/O CHARLES E. CLEVINGER  
8333 NORTH DAVIS HWY.  
PENSACOLA FL 32514-6049

3. Date Incorporated or Qualified 06/14/1989  
3a. Date of Last Report 03/04/1996  
4. FEI Number 59-2963367  
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. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
CLEVINGER, CHARLES E.  
C/O MEDICAL CENTER CLINIC  
8333 NORTH DAVIS HWY.  
PENSACOLA FL 32514-6049

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: *Charles E. Clevinger* 3-18-97  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS  
TITLE DP [ ] DELETE  
NAME CLEVINGER, CHARLES E.  
STREET ADDRESS 8333 N. DAVIS HWY.  
CITY-ST-ZIP PENSACOLA FL  
TITLE D [ ] DELETE  
NAME REDMOND, MICHAEL  
STREET ADDRESS 8333 N. DAVIS HWY.  
CITY-ST-ZIP PENSACOLA FL  
TITLE D [ ] DELETE  
NAME ULLMAN, SAUL  
STREET ADDRESS 8333 N. DAVIS HWY.  
CITY-ST-ZIP PENSACOLA FL  
TITLE D [ ] DELETE  
NAME BRAYTON, JOHN R., JR.  
STREET ADDRESS 8333 N. DAVIS HWY.  
CITY-ST-ZIP PENSACOLA FL  
TITLE D [ ] DELETE  
NAME ALDRED, W. VAN  
STREET ADDRESS 8333 N. DAVID HWY.  
CITY-ST-ZIP PENSACOLA FL  
TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE [ ] Change [ ] 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 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 of this report, or on an attachment with an address.

SIGNATURE: *Charles E. Clevinger* 2/10/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)