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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMIT OF STATE

Sandra B. Mrtham

Secretary oftate DIVISION OF CORDRATIONS

P96000074753 (0) DOCUMENT #

WIZARD OF EYES, INC.

**FILED** May 06 1998 8:00am Secretary of State

	<del> </del>							
Principal Place of Business Mailing Address							C 1001105( 1)0 10110 Elits abilt abilt battl dall 1950 2000 1000 114 1201	
	UTH SHORE DR			629 SOUTH SHORE D				
LAND O'L	JAKES FL 34639	ı	LA	ND O'LAKES FL 3463	39			DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
								09/05/1996
2. Princip	al Place of Bus	iness	2a.	2a. Mailing Address				4. FEI Number Applied For
21				26				<b>59-3402300</b> Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				- \$8.75 Additional
22				27				5. Certificate of Status Desired Fee Required
City & State				City & State				Election Campaign Financing \$5.00 May Be
23				28				Trust Fund Contribution Added to Fees
ZIP		Country		<b>Z</b> ip		Country		8. This corporation owes or has paid the current year Intangible
24	6 Neme	25  e and Address of Curr	29	arad Ament	30	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
			ailt undist	aten wäeur		81	Name	
WATKINS, CARL T CPA 7345 JACKSON SPRINGS ROAD								
			82 8			Address (P.O. Box Number is Not Acceptable)		
	#3 TAMPA FL 33	2624						
	TAMPA PL 33	7034			- }	83		
					-	84	City	85 Zip Code
11. Pursua	ant to the provis	sions of Sections 607.0	502 and 60	7 1508 Florida Statu	ites 197	above	-namer	d corporation submits this statement for the purpose of changing its registered
office	or registered a	gent, or both, in the Sta	te of Florida	Such change was	authlize	ed by	the cor	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
ř		nin, and accept the ob-	ganons or,	Section 607.0505, F	IOTIO 8518	aiules	3.	
SIGNATUR	RE Signature, types	d or printed name of registered a	agont and title it	applicable (NO	1L Reter	ed Age	nt signatur	re required when reinstating) DATE
12.		OFFICERS A			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE				DELETE	1.1	TITLE		Change Addition
NAME	SELDIN	, JAMES E			.21	NAME		
STREET ADDRE			Æ		.3 \$1		ADORESS	
CITY-ST-ZIP	LAND O'LAKES FL 34639			~	4 City - St - ZiP			
TITLE	LEAN SE	BAKARA	A CON			TITLE		Change Addition
NAME			WY Z	111112	ノ <b>[</b> 21	NAME		
STREET ADDRE	iss ( Billian	HYMMA		Morras	3 :	STHEET	ADDRESS	
CITY-\$1-ZIP	_ (QQ)	SALA CAM	25/3/4	MANAGE OF THE STATE OF THE STAT	4.0			
TITLE		☐ DELETE			TIFLE Change Addition			
NAME						NAME		
STREET ADORE	ess					STREET	ADDRESS	
CITY-ST-ZIP						CITY-S	ST-ZIP	
TITLE	DELETE				TITLE		☐ Change ☐ Addition	
NAME						NAME		1
STREET ADDRE	SS					STREET	address	
CITY-ST-ZIP		<del></del>	·			CITY-S	T-ZIP	
TITLE				[] DELETE		TITLE		Change Addition
NAME						NAME		
STREET ADDRE	22				· · ·	STREET	ADDRESS	
CITY-ST-ZIP						CITY-S	T-ZIP	
TITLE				☐ DELETE	1.	TITLE		Change Addition
NAME					21	NAME		
STREET ADDRE	SS				1.3	street	ADDRESS	
CITY-ST-ZIP						CITY-S		
14. I herek indical	by certify that th	ne information supplied ual report or supplemen	with this fili Ital annual r	ng does not <b>qualify !</b> report is true and ac	or thee	xemp	tion state	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information gnature 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 as attachment with an address.								