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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **\$58526**

1. Corporation Name

CITY-ST-ZIP

SIGNATURE:

EYE-WEAR GLASSES III, INC.

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90037 001 ***150.00

561-368-5844

Principal Place of Business Mailing Address				ILBIT BIBIT BIRIT ASBIT 1981			
23307 BOCA TRACE DR 23307 BOCA TRACE DR					į		
BOCA RATON FL 33433 US BOCA RATON FL 33433 US							
				DO NOT WRITE IN THIS SP	ACE		
				3. Date Incorporated or Qualifed 06/06/1991			
2. Principal P	Place of Business	2a. Mailing Address	•	4. FEI Number	Applied For		
21 120	W. PALMETTO PARK		TTO PARK R	-0 65-0278692	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_	5. Certificate of Status Desired	8.75 Additional Fee Required		
City & State City & State				6. Election Campaign Financing	\$5.00 May Be		
23	FL	28 F <u>L</u>	Country	Trust Fund Contribution	Added to Fees		
Zip 334	132 25 U.SA	29 33 4 32 30		8, This corporation owes the current year Intang Personal Property Tax.	yes □No		
	9. Name and Address of Curr			10. Name and Address of New Registered Age	nt		
			81 Name	0			
MAINEL, HOURING							
	07 BOCA TRACE DR		Sueer Ad	23 W. PALMETTO PAR	ERD.		
BOCA RATON FL 33433			83	BOCA RATOU			
			84 City		5 Zip Code 33432		
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes,	the above-named co	rporation submits this statement for the purpose of cha	nging its registered		
office or r agent. I a	egistered agent, or both, in the Statement in the Statement in familiar with, and accept the obli	te of Florida. Such change was authorigations of, Section 607,0505, Florida	Statutes.	ation's board of directors. I hereby accept the appointment	ent as registered		
SIGNATURE	Lichard J	Mandel	istered Agent signature requ	DATE DATE	<u> </u>		
12.	Signature, typed or printed name of registered a	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12		
TITLE	DP STREET	☐ DELETE			Change		
NAME	MANDEL, RICHARD	•	1.2 NAME	1381 S.W. 10th Place aptro			
STREET ADDRESS	23307 BOCA TRACE DR		1.3 STREET ADDRESS	1300 S.W. Table Indee approve			
crry-st-zip	BOCA RATON FL		1.4 CITY-ST-ZIP	Dornlielle Black FX 33	1442		
TITLE	2007(121101)(12	☐ DELETE	2.1 TITLE		Change		
NAME			2.2 NAME	•			
STREET ADDRESS			2.3 STREET ADDRESS				
1			2.4 CITY+ST-ZIP	·			
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE	•	Change Addition		
NAME		-	3.2 NAME	;	j		
STREET ADDRESS			3.3 STREET ADDRESS	;			
CITY-ST-ZIP			3.4. CITY- ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		Change [] Addition		
NAME		_	4. 2 NAME	· · ·			
STREET ADDRESS			4.3 STREET ADDRESS	i ,			
			4.4 CITY-ST-ZIP				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change		
NAME		<u></u>	5.2 NAME	<u> </u>	, -		
STREET ADDRESS			5.3 STREET ADDRESS				
ì			5.4 CITY-ST-ZIP	1			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		Change		
			6.2 NAME	;			
NAME			6.3 STREET ADDRESS	:	ł		
STREET ADDRESS			U.U U INCL I ADDITESO				
CITY-ST-ZIP			6.4 CITY-ST-ZIP	•			

14. I 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 if changed, or on an attachment with an address, with all other tike empowered.