

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000005255 (4)

1. Corporation Name

EYE GUYS, INC.



Principal Place of Business

Mailing Address

13401 MCGINTY RD., EAST
MINNETONKA MN 55305

13401 MCGINTY RD., EAST
MINNETONKA MN 55305

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

THOMPSON, DEBBIE
901 U.S. HIGHWAY 27 NORTH
SEBRING FL 33870

3. Date Incorporated or Qualified

10/10/1994

3a. Date of Last Report

02/06/1995

4. FEI Number

41-1639166

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

10. Name and Address of New Registered Agent

81 Name

BEVERLY BONDONA

82 Street Address (P.O. Box Number is Not Acceptable)

901 U.S. HIGHWAY 27 NORTH

83

84 City

SEBRING

FL

85 Zip Code

33870

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

Beverly Bondona

(If "X" is checked, Registered Agent signature is required when renewing.)

7-6-96

Date

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	COATTA, JAY D	
STREET ADDRESS	8500 VIRGINIA CIR.	
CITY - ST - ZIP	ST. LOUIS PARK MN 55428	
TITLE	V	☐ DELETE
NAME	COATTA, JOHN B JR	
STREET ADDRESS	3519 JIDANA LN.	
CITY - ST - ZIP	MINNETONKA MN 55345	
TITLE	ST	☐ DELETE
NAME	PAUL, JOHN M	
STREET ADDRESS	3030 FOREST LN.	
CITY - ST - ZIP	MINNETONKA MN 55305	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	☐ Change ☐ Addition
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	☐ Change ☐ Addition
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	☐ Change ☐ Addition
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	☐ Change ☐ Addition
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	☐ Change ☐ Addition
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

500001898825
-07/19/96--01005--041
***225.00

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

John M. Paul JOHN M. PAUL

6-10-96

(612) 931-3163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exempt Fee

CR2E034 (3/96)