FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Aug 31 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 512403 DOCUMENT #

1. Corporation Name EYE SITE JAC ISG NE QNA FLA Principal Place of Business Mailing Address 136 NE 136 NE DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 9-16-76 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1706297 SAME 21 Not Applicable SAME Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 29 30 Yes Yes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ELY SE FRANKEL Street Address (P.O. Box Number is Not Acceptable) 40 WEST SAN MARINODA 82 MIAMI BEACH, FLA 38139 83 84 City o. Zip Code 33169 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. In familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATU (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, DELETE THTLE 1.1 TITLE Change ELYSE NAME SELMA ROTH 1.2 NAME FRANKEL WEST SAN MARIND DR 21150 HIGH LAND LAKES DRIVE STREET ADDRESS 1.3 STREET ADDRESS MIRMI BEACH, FLA 1.4 CITY - ST - ZIP CITY-ST-ZIP BEACH, FLA 33139 TITLE 2.1 TITLE SEC/TRES TRWIN ROTH STREET ADDRESS 2.3 STREET ADDRESS 40 WOST SON MONING DR 2. 4 CITY - ST - ZIP CITY-\$1-ZIP MIRM BEACH FLA 3. DELETE Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 51 TITLE Add tion 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. Thereby 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 eath; 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 an attachment with an address. alia lag

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - \$1 - ZIP

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***81.25

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP