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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90049 041 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000001006

1. Corporation Name
THE EYPA, INC.



Principal Place of Business
**5430 LBJ FREEWAY, STE 1540
 DALLAS TX 75240**

Mailing Address
**5430 LBJ FREEWAY, STE 1540
 DALLAS TX 75240**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **14800 Landmark**
 Suite, Apt. #, etc.

2a. Mailing Address

26 **14800 Landmark**
 Suite, Apt. #, etc.

22 **Suite 500**
 City & State

27 **Suite 500**
 City & State

23 **Dallas, Texas**

28 **Dallas, Texas**

24 **75240** 25 **USA**

29 **75240** 30 **USA**

3. Date Incorporated or Qualified

02/20/1998

4. FEI Number

62-1582628

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 526 E. PARK AVENUE
 TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** DELETE
 NAME **SCHWARTZ, STUART**
 STREET ADDRESS **5430 LBJ FREEWAY, STE 1540**
 CITY-ST-ZIP **DALLAS TX**

TITLE **VSTD** DELETE
 NAME **D'AMICO, RICHARD J**
 STREET ADDRESS **5430 LBJ FREEWAY, STE 1540**
 CITY-ST-ZIP **DALLAS TX**

TITLE **D** DELETE
 NAME **WALLAR, HAROLD**
 STREET ADDRESS **1880 EAST WASHINGTON**
 CITY-ST-ZIP **COLTON CA**

TITLE **D** DELETE
 NAME **ROHOLT, PHIL**
 STREET ADDRESS **985 SAWBURG**
 CITY-ST-ZIP **ALLIANCE OH**

TITLE **D** DELETE
 NAME **GANS, LARRY**
 STREET ADDRESS **215 DUNN ROAD**
 CITY-ST-ZIP **FLORISSANT MO**

TITLE **D** DELETE
 NAME **DECKER, WILLIAM**
 STREET ADDRESS **7710 BEECHNUT STE 100**
 CITY-ST-ZIP **HOUSTON TX**

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 **Secretary, Treasurer, V.P., Dir** Change Addition
 2.2 NAME **Lane Edenburn**
 2.3 STREET ADDRESS **14800 Landmark, Suite 500**
 2.4 CITY-ST-ZIP **Dallas, Texas 75240**

3.1 TITLE **Director** Change Addition
 3.2 NAME **Dan Goldman, M.D.**
 3.3 STREET ADDRESS **4012 Woodlawn, #20**
 3.4 CITY-ST-ZIP **Pasadena, Texas 77504**

4.1 TITLE **Director** Change Addition
 4.2 NAME **John Haley, M.D.**
 4.3 STREET ADDRESS **1626 Forest Lane**
 4.4 CITY-ST-ZIP **Garland, Texas 75042**

5.1 TITLE **Director** Change Addition
 5.2 NAME **Dennis Mathews, O.D.**
 5.3 STREET ADDRESS **825 Ridge Lake Blvd.**
 5.4 CITY-ST-ZIP **Memphis, TN 38120**

6.1 TITLE **Director** Change Addition
 6.2 NAME **Robert Pinkert, O.D**
 6.3 STREET ADDRESS **4800 N. 22nd St.**
 6.4 CITY-ST-ZIP **Phoenix, AZ 85016**

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 like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (1/98)