

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

PROFIT
CORPORATION
ANNUAL REPORT

1998 2000



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

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90103 050 ***150.00

DOCUMENT # G96634 (2)

1. Corporation Name

ELEGANT EYES OPTICAL CENTER, INC., #2

Principal Place of Business

16530 ROYAL POINCIANA CT. 9533 ISLAMORADA TERR
C/O MARY G. COYNE
FT LAUDERDALE FL 33326 BOCA RATON
FL 33496

Mailing Address

16530 ROYAL POINCIANA CT.
C/O MARY G. COYNE
FT LAUDERDALE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1984

4. FEI Number

59-2421657

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 9533 ISLAMORADA TERR

Suite, Apt. #, etc.

22

City & State

23 BOCA RATON FL

Zip

24 33496

Country

2a. Mailing Address

26 9533 ISLAMORADA TERR

Suite, Apt. #, etc.

27

City & State

28 BOCA RATON FL

Zip

29 33496

Country

9. Name and Address of Current Registered Agent

COYNE, MARY G.
16530 ROYAL POINCIANA CT.
FT LAUDERDALE FL 33326
9533 ISLAMORADA TERR
BOCA RATON FL 33496

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
NAME COYNE, MARY G.
STREET ADDRESS 16530 ROYAL POINCIANA 9533 ISLAMORADA TERR
CITY-ST-ZIP FT LAUDERDALE FL BOCA RATON FL 33496

TITLE ST
NAME COYNE, TERRENCE J.
STREET ADDRESS 16530 ROYAL POINCIANA 9533 ISLAMORADA TERR
CITY-ST-ZIP FT LAUDERDALE FL BOCA RATON FL 33496

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: MARY G. COYNE REQUIRE Mary G. Coyne 5-8-00 281-812-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0298368

CR2E034 (10/97)