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PROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 JUL -6 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H80996 (2)

1. Corporation Name

EYEWEAR BOUTIQUE, INCORPORATED

Principal Place of Business	Mailing Address
2020 SEVEN SPRINGS BLVD NEW PORT RICHEY FL 34655 US	17906 CRAWLEY RD. ODESSA FL 33556

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2957840 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

PERICH, LARRY M. D.O.
17906 CRAWLEY RD.
ODESSA FL 33556

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 ______________________ DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PERICH, LARRY M. D.O.
STREET ADDRESS	17906 CRAWLEY RD.
CITY-ST-ZIP	ODESSA FL
TITLE	V
NAME	PERICH, LARRY M. D.O.
STREET ADDRESS	17906 CRAWLEY RD.
CITY-ST-ZIP	ODESSA FL
TITLE	STD
NAME	PERICH, BARBARA J.
STREET ADDRESS	17906 CRAWLEY RD.
CITY-ST-ZIP	ODESSA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE		☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	P.O. BOX 781 N/A	
14 CITY-ST-ZIP	~~ODESSA, FL.~~	
21 TITLE		☒ Change ☐ Addition
22 NAME		
23 STREET ADDRESS	P.O. BOX 781 N/A	
24 CITY-ST-ZIP	~~ODESSA, FL.~~	
31 TITLE		☒ Change ☐ Addition
32 NAME		
33 STREET ADDRESS	P.O. BOX 781 N/A	
34 CITY-ST-ZIP	~~ODESSA, FL.~~	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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)(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: Barbara J. Perich — 6-20-95 — 813-372-1311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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