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Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90001 003 ***150.00

09-01-1999 90021 032 ***400.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H80996

1. Corporation Name
EYEWEAR BOUTIQUE, INCORPORATED

611989 - 90021 - 32



Principal Place of Business 2020 SEVEN SPRINGS BLVD NEW PORT RICHEY FL 34655 US	Mailing Address 2020 SEVEN SPRINGS BLVD NEW PORT RICHEY FL 34655 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/14/1985	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2957840		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent PERICH, LARRY M. D.O. 2020 SEVEN SPRINGS BLVD NEW PORT RICHEY FL 34655		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	PERICH, LARRY M. D.O.	1.2 NAME	
STREET ADDRESS	P.O. BOX 781 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	1.4 CITY-ST-ZIP	33556
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	PERICH, LARRY M. D.O.	2.2 NAME	
STREET ADDRESS	P.O. BOX 781 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	2.4 CITY-ST-ZIP	33556
TITLE	STD ☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	PERICH, BARBARA J.	3.2 NAME	
STREET ADDRESS	P.O. BOX 781 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	3.4 CITY-ST-ZIP	33556
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 with all other like empowered.

SIGNATURE: SIGNATURE 8/5/99 (727) 372-1311
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deponent Phone #

CR2E034 (11/98)