F COR ANNU	PROFIT PORATION JAL REPORT 1999		MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		OF STATE	FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90126 028 ***150.00			
DOCUN		23283							
1. Corporation	FOR SIGHT, P.4								
Principal Place	e of Business	Ma	iling Address			I ( BOULLE BY) & )LOBE ( LIDE; I	NEGO IDEL OLOJE VIDIL DIO	16 Q   Q   Q   Q   Q   Q   Q   Q   Q   Q	<b></b>
1360 E. VENICE VENICE FL 3429 US			) E. VENICE AVE. NCE FL 34292			DO NOT WR 3. Date Incorporated or Qualifed 07/03/1986	ITE IN THIS SPAC	)e	]
2. Principal Pl	ace of Business	2a.	Mailing Address	<u></u> _		4, FEI Number		Applied	For
21		26				<u>59-2691910</u>			plicable
Suite, Apt. a	#, etc.	27	Suite, Apt. #, etc.			5. Certifc ate of Status Desired		- <b>75</b> Addit Fee Recuir	
22 City & State 23	e		City & State			6. Election Campaign Financing Trust F und Contribution		5.00 May	
Zip	Court		Zìp	Cour	htry	<ol> <li>This corporation owes the cur Persor al Property Tax.</li> </ol>	rent year intangible	. —	No
24	9. Name and Ador	29 ess of Current Regist	ered Agent	30		10. Name and Address of New	·		
	i avenida del ciri Ice FL 34285	C0			82 Street Add	dress (P.O. Bo) Number is Not Accept			
office or re	edistered agent or hot	h in the State of Florida	a. Such change was :	tes, the at	by the corporat	poration submits this statement for the	FL 85 e purpose of chang pt the appointmen	ing its (eg	istered
office or re agent. Far SIGNATURE	egistered agent, or boti m familiar with, and acc	h, in the State of Floridi cept the obligat ons of,	a, Such change was Section 607.0505, Fl	tes, the at authorized orida Statu	ove-named cor		FL	ing its (eg	istered ered
office or reagent. I ar SIGNATURE	egistered agent, or both m familiar with, and av Signature, typed or printed ne m	h in the State of Florida	a, Such change was Section 607.0505, Fl applicable (NOT CTORS	tes, the ab authorized orida Statu Registered 13.	ove-named cor by the corporat tes.		FL	aing its reg t as registe	istered ered
office or re agent. f ar SIGNATUF.E 12. TITLE	egistered agent, or both m familiar with, and ava Signature, typed or printed no m ( PDS	h, in the State of Florid: cept the obligat ons of, he of registered agen and title if OFFICERS AND DIREC	a, Such change was Section 607.0505, Fl applicable (NO1	tes, the ab authorized orida Statu Registered 13.	Agent signature req II	ed when reinstating)	FL	aing its reg t as registe	istered ered IN 12
office or reagent. I ar SIGNATURE	egistered agent, or both m familiar with, and av Signature, typed or printed ne m	h, in the State of Florid: cept the obligations of, he of registered agen and title if OFFICERS AND DIREC	a, Such change was Section 607.0505, Fl applicable (NOT CTORS	tes, the ab authorized orida Statu 13. 1.1 TIT 1 2 NA	Agent signature req II	ed when reinstating)	FL	aing its reg t as registe	istered ered IN 12 Addition
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office or reagent. I ar SIGNATUF(E 12. TITLE NAME STREET ADDRI SS CITY-ST-ZIP TITLE	egistered agent, or bet m familiar with, and ax Signature, typed or printed nr m PDS SHOEMAKER, DAV 1360 E. VENICE A	h, in the State of Florid: cept the obligations of, he of registered agen and title if OFFICERS AND DIREC	a, Such change was Section 607.0505, FI applicable (NO1 CTORS DELETE	E Registered / 13. 12 NAI 13 NAI 14 CIT 2.1 TIT 2.2 NAI 2.3 STI	Agent signature req () LE KEET ADDRESS Y-ST-ZIP LE	ed when reinstating)	FL	hange [	istered ered IN 12 ] Addition
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