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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J65490 1. Corporation Name

SCIENCE EYE, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90002 003 ***150.00



				-						•
Principal Place	e of Business	Mailing Address	\$				II BEI BION 818	41 01014 016 11 1		
18241 SW 52NE	COURT	18241 SW 52ND	COURT							
FORT LAUDERDALE FL 33331 FORT LAUDERDALE FL 33331										
US US						DO NOT WRITE IN THIS SPACE				1
						3. Date Incorporated or Qualifed 03/30/1987			, 	
2. Principal Pl	lace of Business	2a. Mailing Add	ress		 -	4. FEI Number		Ap	plied For	1
21		26		_		59-2842527			t Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #	‡, etc.			5. Certifcate of Status Desired		\$8.75 / Fee Re	Additional equired	
City & State	•	City & State	,			6. Election Campaign Financing		\$5.00	May Be	1-
23		28				Trust Fund Contribution	Ļ		to Fees	
Zip	Country	Zip	, <u></u>	Country		8. This corporation owes the curre	ent year Inta	ngible		}
24	25	29	30]		Personal Property Tax.		Yes	□No	
	9. Name and Address of Curren					10. Name and Address of New R	egistered A	gent]
				81	Name					1
	MBLISS, BRENDA W.			92	Ctro-t Add	ress (P.O. Box Number is Not Accepta	hle)			┨
1390) N. UNIVERSITY DRIVE			82	Street Addi	ress (P.O. Box Number is Not Accepta	DIE)			1
PLAN	NTATION FL 33322			83						7
				 			. ,	Tee 7:-		4
	·			84	City		FL	85 Zip	Code	
11 Pursuant	to the provisions of Sections 607.050	2 and 607,1508. Flor	rida Statutes.	the above	e-named corp	oration submits this statement for the	purpose of c	hanging its	registered	1
office or o	egistered agent, or both, in the State :	of Florida. Such char	nge was autho	orized by	the corporate	on's board of directors. I hereby accep	it the appoint	tment as re	gistered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607	.uaua, rionua	Statutes	•					
SIGNATURE										
SIGNATORE	Classiture, broad or printed marrie of requelered arres	at and title if annlinable	/NOTE: Red	ustered Ager	nt signature require	x(when reinstating)	DATE			١.
	Signature, typed or printed name of registered ager OFFICERS AN		(NOTE: Reg		nt signature require	ad when reinstating) ADDITIONS/CHANGES TO OF		DIRECTO	ORS IN 12	í
12.	OFFICERS AN	D DIRECTORS	(NOTE: Reg DELETE	13.	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF		DIRECTO	DRS IN 12	69.75
12. TITLE	OFFICERS AN	D DIRECTORS		13.	nt signature require					
12. TITLE . NAME	OFFICERS AN D VASZILY, DIANE A.	D DIRECTORS		13. 1.1 TITLE 1.2 NAME						00,117
12. TITLE . NAME STREET ADDRESS	OFFICERS AN D VASZILY, DIANE A. 18241 SW 52ND COURT	D DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREET	TADDRESS					14 600
12. TITLE . NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN D VASZILY, DIANE A.	D DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	TADDRESS		FICERS AND			200000
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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.

/required