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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

(96/6)

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(dos) BX-222.9

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J79963** 

(1)

EYE STYLES, INC. Principal Place of Business Mailing Address 1455 HOLDEN AVENUE 1455 HOLDEN AVENUE ORLANDO FL 32839-1702 ORLANDO FL 32839-1702 3a. Date of Last Report 3. Date Incorporated or Qualified 06/26/1987 04/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2841689 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zio 8. This corporation has liability for intangible tax under s. 199,032, 🔀 Yes 🔲 No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COPELY, BRENDA J. 1455 HOLDEN AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32839 83 84 Zip Code City 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 Suggestive type-dior purised harde of registered agent and little it applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PD DELETE Change \_\_\_ Addition THE 1.1 TITLE MÁME COPELY, ANDREW R. JR 1.2 NAME 1455 HOLDEN AVENUE 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE COPELY, BRENDA J. 2.2 NAME NAME 1455 HOLDEN AVENUE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 2 4 CITY-ST-ZIP CHY-ST-ZII DELETE 3.1 TITLE Change Addition 10:E COPELY, BRENDA J. 3.2 NAME NAME 1455 HOLDEN AVENUE 3.3 STREET ADDRESS STREET ADORESS ORLANDO FL 3.4. CITY - \$1 - ZIP CITY-ST-ZiP DELETE Change Addition THE 4.1 TITLE 4. 2 NAME STHEET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP C(\*Y - S1 - 7:2 DELETE Change Addition 51 TITLE DRIE NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY - 51 - 70 DELETE Change Addition Hluf 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP COLY ST-7/P 14. I do 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.