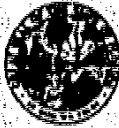


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 JUL 13 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K38241

(1)

1. Corporation Name

EYE MANAGEMENT, INC.

Principal Place of Business

C/O FLORIDA REGISTERED AGENTS INC.
100 SE 2ND STREET
MIAMI FL 33131
US

Mailing Address

C/O FLORIDA REGISTERED AGENTS INC.
100 SE 2ND STREET, #3000
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/12/1988

3a. Date of Last Report
04/06/1994

4. FEI Number
65-0079163

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

21 1100 Kane Concourse

2a. Mailing Address

26 1100 Kane Concourse

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Bay Harbor Island, FL

City & State

28 Bay Harbor Island, FL

Zip

24 33134

Country

25 U.S.

Zip

29 33134

Country

30 U.S.

9. Name and Address of Current Registered Agent

FLORIDA REGISTERED AGENTS INC.
100 SE 2ND ST, #3000
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
A Z Registered Agent Corporation
82 Street Address (P.O. Box Number is Not Acceptable)
2001 S. Bayshore Drive
83 Suite 1600
84 City
Miami
85 Zip Code
FL 33133

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 a duly authorized officer or director of, the corporation.

SIGNATURE By:

Robert E. Mondshine, President

Signature of the person filing this report is required. Registered Agent signature required when (re)appointing.

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	D MONDSHINE, ROBERT	1100 KANE CONCOURSE	BAY HARBOR ISLAND FL
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 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 110.07(3)(b), 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 recorder or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT E. MONDSHINE

6/26/95 (305) 861-5400