

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 05 1996 8:00 am
Secretary of State

DOCUMENT # **L29643** (8)

1. Corporation Name

EYE STAR, INC.



Principal Place of Business

Mailing Address

1100 KANE CONCOURSE
~~100 SE 2ND ST., #3600~~
BAY HARBOR FL 33154
US

1100 KANE CONCOURSE
~~100 SE 2ND ST., #3600~~
BAY HARBOR FL 33154
US

2. Principal Place of Business

2a. Mailing Address

21 **1100 Kane Concourse**

26 **1100 Kane Concourse**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Bay Harbor, FL**

28 **Bay Harbor, FL**

Zip

Country

Zip

Country

24 **33154**

25 **US**

29 **33154**

30 **US**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/15/1989

3a. Date of Last Report
07/19/1995

4. FET Number
57-0901524

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

10. Name and Address of New Registered Agent

A Z REGISTERED AGENT CORPORATION
~~26001 S. BAYSHORE DRIVE~~
SUITE 1600
MIAMI FL 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2601 S. Bayshore Drive

83

84 City

FL

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and state of incorporation

(NOTE: Registered Agent Signature Required on this change)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **D MONDSHINE, LAUREL**
STREET ADDRESS **1100 KANE CONCOURSE**
CITY-STATE-ZIP **BAY HARBOR ISLAND FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96 (305)861-5400

CR2E034 (12/95)