

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L99633**

(4)

1. Corporation Name
EYE OF THE LIZARD, INC.

Principal Place of Business

**4877 NORTH A1A
VERO BEACH FL 32963**

Mailing Address

**4877 NORTH A1A
VERO BEACH FL 32963-1288**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**SCHORNER, JAMES A.
505 BEACHLAND BLVD.
VERO BEACH FL 32963**

3. Date Incorporated or Qualified

09/11/1990

3a. Date of Last Report

03/25/1996

4. FEI Number

65-0318259

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

81 Name

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

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

SIGNATURE

(If the corporation is a foreign corporation, the signature of the authorized officer is required.)

(If the Registered Agent's signature is required when registering.)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE

11.2 NAME
KNAPP, VIRGINIA M.
11.3 STREET ADDRESS
201 SANDPIPER POINT
11.4 CITY-STATE-ZIP
VERO BEACH FL

11.5 TITLE ☐ DELETE

11.6 NAME
WYGONIK, MARK P.
11.7 STREET ADDRESS
2239 VERO BEACH AVENUE
11.8 CITY-STATE-ZIP
VERO BEACH FL

11.9 TITLE ☐ DELETE

11.10 NAME ☐ DELETE

11.11 STREET ADDRESS ☐ DELETE

11.12 CITY-STATE-ZIP ☐ DELETE

11.13 TITLE ☐ DELETE

11.14 NAME ☐ DELETE

11.15 STREET ADDRESS ☐ DELETE

11.16 CITY-STATE-ZIP ☐ DELETE

11.17 TITLE ☐ DELETE

11.18 NAME ☐ DELETE

11.19 STREET ADDRESS ☐ DELETE

11.20 CITY-STATE-ZIP ☐ DELETE

11.21 TITLE ☐ DELETE

11.22 NAME ☐ DELETE

11.23 STREET ADDRESS ☐ DELETE

11.24 CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME ☐ Change ☐ Addition

13.3 STREET ADDRESS ☐ Change ☐ Addition

13.4 CITY-STATE-ZIP ☐ Change ☐ Addition

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME ☐ Change ☐ Addition

13.7 STREET ADDRESS ☐ Change ☐ Addition

13.8 CITY-STATE-ZIP ☐ Change ☐ Addition

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME ☐ Change ☐ Addition

13.11 STREET ADDRESS ☐ Change ☐ Addition

13.12 CITY-STATE-ZIP ☐ Change ☐ Addition

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME ☐ Change ☐ Addition

13.15 STREET ADDRESS ☐ Change ☐ Addition

13.16 CITY-STATE-ZIP ☐ Change ☐ Addition

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME ☐ Change ☐ Addition

13.19 STREET ADDRESS ☐ Change ☐ Addition

13.20 CITY-STATE-ZIP ☐ Change ☐ Addition

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME ☐ Change ☐ Addition

13.23 STREET ADDRESS ☐ Change ☐ Addition

13.24 CITY-STATE-ZIP ☐ Change ☐ Addition

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 furnished 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

3/14/97

DATE

Signature Block #

R2E034 (9/96)