

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90077 041 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M72843

1. Corporation Name
EYECO, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**502 E. NEW HAVEN AVENUE
 708 N NEW HAVEN AVE
 MELBOURNE FL 32901
 US**

Mailing Address
**502 EAST HAVEN AVE
 MELBOURNE FL 32901
 US**

3. Date Incorporated or Qualified
03/21/1988

4. FEI Number
59-2890933

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 owes the current year Intangible Personal Property Tax. Yes No

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
**FALLACE, JAMES H
 1900 SO HICKORY ST
 MELBORUNE FL 32901**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROUSSARD, WILLIAM J.	1.2 NAME	Broussard, William J.
STREET ADDRESS	502 E. NEW HAVEN AVENUE	1.3 STREET ADDRESS	502 E. New Haven Avenue
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORCORAN, MICHAEL F.	2.2 NAME	Corcoran, Michael F.
STREET ADDRESS	502 E. NEW HAVEN AVENUE	2.3 STREET ADDRESS	502 E. New Haven Avenue
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZORBIS, ANDREW	3.2 NAME	Zorbis, Andrew
STREET ADDRESS	502 E. NEW HAVEN AVENUE	3.3 STREET ADDRESS	502 E. New Haven Avenue
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYLOR, RALPH R.	4.2 NAME	Paylor, Ralph R.
STREET ADDRESS	502 E. NEW HAVEN AVENUE	4.3 STREET ADDRESS	502 E. New Haven Avenue
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: [Signature] SIGNATURE REQUIRED 4/29/99 Date 407-727-2020 Daytime Phone #

CR2E034 (11/98)