SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 N4971 DOCUMENT # EYES OF AMERICA, INC. Principal Place of Business Mailing Address CRESCENT CITY MOOSE LODGE C/O RUFUS E. MUSIC 1641 HWY 17 NORTH PO BOX 158 CRESCENT CITY FL 32112 CRESCENT CITY FL 32112 3. Date Incorporated or Qualified 07/13/1992 3a. Date of Last Report 04/19/1995 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3145374 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Zio Country Yes No 30 Florida Statutes 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MUSIC, RUFUS Street Address (P.O. Box Number is Not Acceptable) **520 PALMETTO AVE.** 83 **CRESCENT CITY FL 32112** Zip Code 85 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/3/6) OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE MUSIC, RUFUS 12 NAME NAME 520 PALMETTO AVE. STREET ADDRESS 1.3 STREET ADDRESS CRESCENT CITY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP PAUL TOMPKINS Change PD DELETE Addition 21 TITLE TITLE TOMPKINS, PAUL 2.2 NAME NAME 114 ELVIRA ST. 2.3 STREET ADDRESS STREET ADDRESS George Your Ft. GEORGETOWN FL 2.4 CITY - ST-ZIP CITY-ST-ZIP Change DELETE TITLE 3.1 TITLE 100001908691 -07/30/96--01157--020 KIESTER, IRENE 3.2 NAME NAME RT.1 BOX 140 3.3 STREET ADDRESS STREET ADDRESS \*\*\*61.25 POMONA PARK FL 3.4. CITY - ST - ZIP CITY-ST-ZIP TimoThy Robinson The Hwy 17 50. DELETE 4.1 TITLE TITLE ROBINSON, TIMOTHY NAME 4. 2 NAME HWY 17 SO. 43 STREET ADDRESS STREET ADDRESS ROBERT M. WILLIS POMONA PARK FL 4.4 CiTY-ST-ZIP CITY-ST-ZIP Change DELETE 5.1 TITLE TITLE 821 OF ANGE AVE WILLIS, ROBERT M. 5.2 NAME NAME 821 ORANGE AVE. 5.3 STREET ADDRESS STREET ADDRESS CRESCENT CITY FL 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if charged, or on an attachment with a address.

**SIGNATURE:** 

7-25-96 904-698-48/0
Date Destine Priore #