FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 20 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 # **P93000033547 (9)**

1. Corporation Name
EYEGLASS WORLD NO. 3, INC.

Principal Place of Business	Mailing Address
3036-E TAMIAMI TRAIL PORT CHARLOTTE FL 33952 US	3460 S CONGRESS AVE 3460 S. CONGRESS AVE LAKE WORTH FL 33461-3022 US

3. Date Incorporated or Qualified: 05/06/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26: 3701 S. Congress Ave
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 65-0413036 ☐ 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

9. Name and Address of Current Registered Agent

MUSA, MARCO
3460 S CONGRESS AVE
3036-E2 TAMIAMI TRAIL
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

81 Name: Massimo Musa
82 Street Address (P.O. Box Number is Not Acceptable): 3701 S. Congress Ave
83
84 City: Lake Worth FL 85 Zip Code: 33461

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MUSA, MASSIMO		1.2 NAME	Musa, Massimo	
STREET ADDRESS	1918 DEL PRADO BLVD		1.3 STREET ADDRESS	3701 S. Congress Ave.	
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP	Lakeworth FL. 33461	
TITLE	VP	☐ DELETE	2.1 TITLE	V.P.	☐ Change ☐ Addition
NAME	MUSA, MARC A		2.2 NAME	Musa, Marc-Andrea	
STREET ADDRESS	4530 N BRANDYWINE DR		2.3 STREET ADDRESS	3701 S. Congress Ave.	
CITY-ST-ZIP	PEORIA IL		2.4 CITY-ST-ZIP	Lakeworth FL. 33461.	
TITLE	P	☐ DELETE	3.1 TITLE	T	☐ Change ☐ Addition
NAME	MUSA, MARCO		3.2 NAME	Musa, Marco	
STREET ADDRESS	3460 S CONGRESS AVE		3.3 STREET ADDRESS	3701 S. Congress Ave.	
CITY-ST-ZIP	LAKE WORTH FL		3.4 CITY-ST-ZIP	Lakeworth FL. 33461.	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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 _____ 4/-/97 (407) 965-940