

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

DOCUMENT # P93000046132 (5)

1. Corporation Name

UNFORGETTABLE EYES, INC.



Principal Place of Business

Mailing Address

3467 W. HILLSBORO BLVD.
SUITE 68
DEERFIELD BCH. FL 33442

3467 W. HILLSBORO BLVD.
SUITE 68
DEERFIELD BCH. FL 33442

2. Principal Place of Business

2a. Mailing Address

21 3583 W. Hillsboro Blvd

26 3583 W. Hillsboro Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 212

27 Suite 212

City & State

City & State

23 Deerfield Beach FL

28 Deerfield Beach FL

Zip

Country

Zip

Country

24 33442

25 USA

29 33442

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/25/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0422043

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

SIMON, AMY
5800B COACHHOUSE CIRCLE
BOCA RATON FL 33486

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 607.1506, 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

Signature, typed or printed name of registered agent and state if applicable

(If/Only Registered Agent Signature Required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SIMON, AMY
STREET ADDRESS 5800B COACHHOUSE CIRCLE
CITY-ST-ZIP BOCA RATON FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-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-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

AMY SIMON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 (951) 421-5018
DATE Daytime Phone #

CR2E034 (12/95)