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PROFIT CÓRPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS 1997 FILED 97 MAY -2 PH 4: 17 DOCUMENT #POSODO 63273 Eyeratcher of America, luc. SECRETARY OF STATE
TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 1.0.3x 68 1314 Cape Coral Mary. Cape (oral, FL 33904 Cape Coval IFL 33910 3. Date incorporated or Qualified as. Date of Last Report 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 68 21 1314 Cape Cosal 26 Not Applicable Suite, Apt #, etc 204 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required Cuy & State 6. Election Campaign Financing \$5.00 May Be (ope (eval) Lorida (ape loval Trust Fund Contribution Added to Fees Counts 8. This corporation has liability for intangible tax under s. 199.032, 33910 Yes No Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent J. Rembol Name Street Address (P.O. Box Number is Not Acceptable) 52.65 Nautilus 83 Cape loval, FL 33904 84 City 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 (NOTE Registered Agent signature required when reinstating) Signature Typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. PS JU DELETE Change Addition TITEF 1.1 TITLE Heibrich Wulfe NAME 1 2 MARAF 5313 tralalulea a. 100002167861--STREET ADDRESS 1.3 STREET ADDRESS --9 Cape local if 33904 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 21 TITLE ****165.00 ****165.00 halter J. Renchof TITLE 22 NAME NAME 5265 Naudilus B 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3.1 FITLE Change Addition TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP ☐ DELETE 4.1 TITLE Change Addition TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY- \$1-2IP City-ST-ZiF DELETE BITLE 5.1 TITLE Change Addition 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST - ZIP 54 CITY-ST-ZIP DELETE Change 61 TITLE Addition TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** 64 CITY-ST-ZIP 14. To 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 comporation 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 12 or Block 12 or Block 12 or on an attachment with an address.

Walter "

941 540-027