

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000087183 (8)

1. Corporation Name  
**EYE GLASS WORLD IV, INC.**



Principal Place of Business: 2545 N LAKE BLVD LAKE PARK FL 33403  
Mailing Address: 3460 S CONGRESS W. PALM BCH. FL 33403 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/16/1993</b>	3a. Date of Last Report <b>05/16/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0462777</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country <b>USA</b>	29	Country <b>33461</b>	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>MUSA, MARCO 2545 N LAKE BLVD LAKE PARK FL 33403</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable) <b>3460 S. Congress Ave.</b>
				83	
				84	City <b>Lake Worth</b>
				85	Zip Code <b>FL 33461</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	11 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUSA, MARCO</b>	12 NAME	
STREET ADDRESS	<b>2545 NORTH LAKE BLVD</b>	13 STREET ADDRESS	<b>3460 S. Congress Ave.</b>
CITY - ST - ZIP	<b>LAKE PARK FL 33403</b>	14 CITY - ST - ZIP	<b>Lake Worth, FL 33461</b>
TITLE		21 TITLE	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	<b>Marc' Andrea Musa</b>
STREET ADDRESS		23 STREET ADDRESS	<b>4530 N. Bradywine Drive</b>
CITY - ST - ZIP		24 CITY - ST - ZIP	<b>Peoria, IL 61603</b>
TITLE		31 TITLE	<b>CEO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	<b>Massimo Musa</b>
STREET ADDRESS		33 STREET ADDRESS	<b>1918 Del Prado Blvd.</b>
CITY - ST - ZIP		34 CITY - ST - ZIP	<b>Cape Coral, FL 33990</b>
TITLE		41 TITLE	<del>_____</del> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	<del>_____</del>
STREET ADDRESS		43 STREET ADDRESS	<del>_____</del>
CITY - ST - ZIP		44 CITY - ST - ZIP	<del>_____</del>
TITLE		51 TITLE	<del>_____</del> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	<del>_____</del>
STREET ADDRESS		53 STREET ADDRESS	<del>_____</del>
CITY - ST - ZIP		54 CITY - ST - ZIP	<del>_____</del>
TITLE		61 TITLE	<del>_____</del> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	<del>_____</del>
STREET ADDRESS		63 STREET ADDRESS	<del>_____</del>
CITY - ST - ZIP		64 CITY - ST - ZIP	<del>_____</del>

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 changed, or on an attachment with an address

SIGNATURE: 6/17/96 407965-9110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)