

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. Morthem Secretary of State DIVISION OF CORPORATIONS
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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 33461-3022 US
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3. Date Incorporated or Qualified 12/16/1993	3a. Date of Last Report 06/25/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 3701 S. Congress Ave 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30
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4. FEI Number 65-0462777	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MUSA, MARCO
 3460 S CONGRESS AVE
 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	<input type="checkbox"/>
NAME	MUSA, MARCO	
STREET ADDRESS	3460 S CONGRESS AVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VP	<input type="checkbox"/>
NAME	MUSA, MARC A	
STREET ADDRESS	4530 BRANDYWINE DRIVE	
CITY-ST-ZIP	PEORIA IL	
TITLE	CEO	<input type="checkbox"/>
NAME	MUSA, MASSIMO	
STREET ADDRESS	1918 DEL PRADO BLVD	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	P	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	MUSA, MASSIMO		
1.3 STREET ADDRESS	3701 S. Congress Ave.		
1.4 CITY-ST-ZIP	Lake worth FL. 33461		
2.1 TITLE	VP	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	MUSA MARCO-Andrea		
2.3 STREET ADDRESS	3701 S. Congress Ave.		
2.4 CITY-ST-ZIP	Lake worth FL. 33461		
3.1 TITLE	T	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	MUSA, MARCO		
3.3 STREET ADDRESS	3701 S. Congress Ave.		
3.4 CITY-ST-ZIP	Lake worth FL. 33461		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 _____ DATE _____

CR2E034 (9/96)