

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Montem
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000005901 (1)

1. Corporation Name
EYELUSIONS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
10 CENTRAL PARKWAY
SUITE 150
STUART FL 34994

Mailing Address
10 CENTRAL PARKWAY
SUITE 150
STUART FL 34994

3. Date incorporated or Qualified
01/14/1994

3a. Date of Last Report

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
65-0463606

Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired
\$8.75 Additional
Fee Required

City & State
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City & State
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6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be
Added to Fees

City & State
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City & State
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7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes
Yes ☒ No ☐

City & State
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City & State
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOFFITT, JOHN W
10 CENTRAL PARKWAY
SUITE 150
STUART FL 34994

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

John W. Moffitt

3/27/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and clearly and truthfully for the exemption stated in Sections 199.032(b)(1), 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 owner 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:

John W. Moffitt

3/27/95

(407)287 0109