

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

FILED

95 JUL 24 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000063517 (4)

1. Corporation Name

EYEWEAR ARTISTRY - MIDTOWN, INC.

Principal Place of Business

1219 EAST AVE S SUITE 107
SARASOTA FL 34239

Mailing Address

1219 EAST AVE S SUITE 107
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FBI Number

65-0515895

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

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MARTIN, KAREN Y
1219 EAST AVE S SUITE 107
SARASOTA FL 34239

10. Name and Address of New Registered Agent

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 607.1508, 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 registering

DATE

12. OFFICERS AND DIRECTORS

TITLE *President*
NAME Karen Y. Martin
STREET ADDRESS 1219 East Ave. S., Suite 107
CITY, ST, ZIP Sarasota, FL. 34239

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE *President*
2. NAME *Karen Y. Martin*
3. STREET ADDRESS *1219 East Ave. S., Suite 107*
4. CITY, ST, ZIP *Sarasota, FL. 34239*

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY, ST, ZIP

\$ Deposited by Bank

re

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 110.07(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:

Karen Y. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KAREN Y. MARTIN

5-22-95 833-993-0688