

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 34239-2300



2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

24

2a. Mailing Address

25

Country

26

27

28

29

30

Suite, Apt. #, etc.

31

City & State

32

Zip

33

Country

34

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified 08/22/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0515895	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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>P/VITIS KAREN Y. MARTIN 1219 EAST AVE S. STE 107 SARASOTA FL 34239</p>	<p><input type="checkbox"/> DELETE</p> <p>1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p><input type="checkbox"/> DELETE</p> <p>2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p><input type="checkbox"/> DELETE</p> <p>3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p><input type="checkbox"/> DELETE</p> <p>4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p><input type="checkbox"/> DELETE</p> <p>5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p><input type="checkbox"/> DELETE</p> <p>6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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:

Sandra B. Northam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-97 94-484-8106
Daytime Phone #

CR2E034 (9/96)