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 # **P95000008858 (9)**

1. Corporation Name
EYE DESIGNS OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
5875 LAKE WORTH ROAD **GREENACRES CITY FL 33463**	**5875 LAKE WORTH ROAD** **GREENACRES CITY FL 33463**

2. Principal Place of Business	2a. Mailing Address
21 Greenacres	26 5875 Lake Worth RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Greenacres City	City & State 28 [illegible]
Zip 24 33463 Country 25 US	Zip 29 Country 30

3. Date Incorporated or Qualified: **02/02/1995**
3a. Date of Last Report:
4. FEI Number: 65-0552115 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
STALVEY, PAMELA A
5875 LAKE WORTH ROAD
GREENACRES CITY FL 33463

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: [illegible] DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D **GLASS, DOUGLAS M** **5875 LAKE WORTH ROAD** **GREENACRES CITY FL 33463**	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D **GAY, BRIAN** **5875 LAKE WORTH ROAD** **GREENACRES CITY FL 33463**	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Douglas M Glass 6/15/96 (407) 965-[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (3/96)