

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000017384 (5)**

1. Corporation Name
EYETIQUE, INC.



Principal Place of Business: **6501 PARK OF COMMERCE BLVD. # 110 BOCA RATON FL 33487**
Mailing Address: **6501 PARK OF COMMERCE BLVD. # 110 BOCA RATON FL 33487**

3. Date Incorporated or Qualified: **03/02/1995** 3a. Date of Last Report

4. FEI Number: **65-0582864** 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **FRESHMAN, JERALD A 9130 S. DADELAND BLVD. SUITE 1701, TWO DATRAN CENTER MIAMI FL 33156**

10. Name and Address of New Registered Agent: 81 Name: **HARVEY SCHOLL**
82 Street Address (P.O. Box Number is Not Acceptable): **2000 BLADES RD. # 110**
83
84 City: **BOCA RATON** FL 85 Zip Code: **33431**

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]* **HARVEY SCHOLL** DATE: **4/29/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP DT <input type="checkbox"/> DELETE	NAME: GODUR, ROBIN	1. TITLE: DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 6501 PARK OF COMMERCE BLVD.	CITY-ST-ZIP: BOCA RATON FL 33487	2. NAME:	
TITLE: DP DS <input type="checkbox"/> DELETE	NAME: GODUR, STACEY	3. STREET ADDRESS:	
STREET ADDRESS: 6501 PARK OF COMMERCE BLVD.	CITY-ST-ZIP: BOCA RATON FL 33487	4. CITY-ST-ZIP:	
TITLE: DC <input type="checkbox"/> DELETE	NAME: GODUR, JAIME	5. TITLE: DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 6501 PARK OF COMMERCE BLVD.	CITY-ST-ZIP: BOCA RATON FL 33487	6. NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME: [Redacted]	7. STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	8. CITY-ST-ZIP: DP CHAISTIAN ROTH 5-9 UNION SQUARE WEST NEW YORK, NEW YORK 10003	
TITLE: <input type="checkbox"/> DELETE	NAME:	9. TITLE: DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	10. NAME: ERIC DOMEST	
TITLE: <input type="checkbox"/> DELETE	NAME:	11. STREET ADDRESS: 5-9 UNION SQUARE WEST	
STREET ADDRESS:	CITY-ST-ZIP:	12. CITY-ST-ZIP: NEW YORK, NEW YORK 10003	
TITLE: <input type="checkbox"/> DELETE	NAME:	13. TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	14. NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	15. STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	16. CITY-ST-ZIP:	

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)(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: *[Signature]* **Robyn Godur** 8/2/96 407-998-9980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DISTRICT PHONE #

CR2E034 (12/95)