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

i

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

CITY - ST - ZIP

TITLE

NAME

**FILED** Apr 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # P95000031645 (1) EYEGLASS WORLD VII, INC. Principal Place of Business Mailing Address 6455 GALL BOULEVARD 3701 S CONGRESS AVE ZEPHYRHILLS FL 33541 6460-0-CONORESS AVENUE-DO NOT WRITE IN THIS SPACE LAKE WORTH FL 33461 3. Date Incorporated or Qualified 04/14/1995 2. Principal Place of Business Mailing Address 4. FEI Numbe Applied For 26 65-0556347 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional Ø 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zφ Country Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MUSA, MASSIMO 3701 S CONGRESS AVE 62 Street Address (P.O. Box Number is Not Acceptable) ZEPHYRHILLS FL 33541 83 84 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change \_\_\_ Addition TITLE 1.1 TITLE MUSA, MASSIMO 1.2 NAME CR2E034 NAME 6455 GALL BOULEVARD STREET ADDRESS 1.3 STREET ADDRESS ZEPHYRHILLS FL CITY - ST - 71P 1.4 City-St-7iP DELETE Change TITLE 2.1 TITLE Addition MUSA, MARC-ANDREA 22 NAME 3701 S CONGRESS AVE STREET ADDRESS 2.3 STREET ADDRESS LAKE WORTH FL CITY-S1-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TiTLE MUSA, MARCO 3.2 NAME NAME 3701 S CONGRESS AVE 3.3 STREET ADORESS STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Channe TITLE 5.1 TITLE NAME 5.2 NAME

14. hereby certify that the information supplied with the 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 suppliemental exputal 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 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 ment with an address. 4/10/98

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

Change

■ Addition

5.4 CITY - ST - ZIP

6.1 TITLE 6.2 NAME

DELETE