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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000031652 (7)

EYEGLASS WORLD X, INC.

FILED Apr 21 1998 8:00am Secretary of State



D. V. V. V. St.	- AB					
Principal Place of Business Mailing Address						
SWIDERSKI BLVD, U.S. HIGHWAY 441 LEESBURG FL 34788		3701 S. CONGRESS AVE LAKE WORTH FL 33461				
	2 547.00	CRICE HOMPITTE CONT			DO NOT WRITE IN	THIS SPACE
1					3. Date Incorporated or Qualified	
<u> </u>	200				04/14/1995	
2. Principal Place of Business		2a, Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3360221	Not Applicable	
22		27]		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip			Count	ry	8. This corporation owes or has paid th	
24	25 29 30		30		Personal Property Tax due June 30. Yes No	
	9, Name and Address of Currer	nt Registered Agent			10. Name and Address of New Regist	ered Agent
ļ ML	JSA, MASSIMO		8	1 Name		
3701 S CONGRESS AVE		82		2 Street Add	lress (P.O. Box Number is Not Acceptable)	······································
LAKE WORTH FL 33461						
			8	3		
			8	4 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	12 and 607 1508 Florida Statu	ites the abo	ve-named con	ogration submits this statement for the number	nse of changing its registered
office or I	registered agent, or both, in the State	of Florida, Such change was	authorized	by the corpora	tion's board of directors. I hereby accept the	e appointment as registered
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered age	out and the it applicable (NO	IE Registered A	gont signature requ	rred when roinstating) D	ATC
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	DELETE 1.1 TITLE			Change Addition
NAME			1.2 NAM			
STREET ADDRESS	3460 S. CONGRESS		1.3 STREET ADDRESS			الم
CITY-ST-ZIP			1.4 CITY			
TITLE	•		2.1 TITLE			Change L Addition C
NAME OTOTET ADDOCCO	MUSA, MASSINO		2.2 NAME			
STREET ADDRESS	1175		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	VP	☐ DELETE	2. 4 CHY 3.1 TITLE			☐ Change ☐ Addition
NAME	*****		3.7 THE			C ought Minimum
STREET ADDRESS	3701 S CONGRESS AVE			ET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		3.4. City	1		
TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DELETE	41 111(Change Addition
NAME			4. 2 NAM			
STREET ADDRESS			4.3 STRE	T ADDRESS	·	
CITY-ST-ZIP			4.4 CITY			
TITLE		☐ DELETE	5.1 1IILE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STRE	1 ADDRESS		
CITY-ST-ZIP			5.4 CITY	ST-ZIP		1
TITLE			6.1 TITLE			Change Addition
RAME			6.2 NAME			
STREET ADDRESS			6.3 STRE	1 ADDRESS		
CITY-ST-ZIP			64 CHY-	S1 - 7IP		

I hereby certify that the information supplied with this tiling 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 supplier gratefament report is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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.