

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

FILED
May 27, 1999 8:00 am
Secretary of State

05-27-1999 90009 044 ***150.00

0484441

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000075914

1. Corporation Name
EYE WATCH INVESTIGATIONS, INC.



Principal Place of Business 2114 BISPHAM ROAD SUITE 3 SARASOTA FL 34231	Mailing Address P.O. BOX 20001 SARASOTA FL 34276 US
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/03/1995

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
---	--

4. FEI Number 65-0628315	Applied For <input type="checkbox"/> 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
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

RICHARDSON, JENNIFER
4579 LAS BRISAS LANE
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name
PABLO CRUZ

82 Street Address (P.O. Box Number is Not Acceptable)
7459 BILTMORE DR.

83

84 City
SARASOTA

85 Zip Code
FL 34231

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]* **PABLO CRUZ Pres./Director** DATE **4/14/99**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	CRUZ, PABLO	
STREET ADDRESS	4579 LAS BRISAS LANE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	P/D		
1.2 NAME	CRUZ, PABLO		
1.3 STREET ADDRESS	7459 BILTMORE DR.		
1.4 CITY-ST-ZIP	SARASOTA, FL 34231		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **PABLO CRUZ Pres./Dir** DATE **4/14/99** DAYTIME PHONE # **941-921-1644**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)