

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000092581 (4)
1. Corporation Name

EYE OF THE STORM INC.



Principal Place of Business Mailing Address
4100 NO POWERLINE ROAD STE 06
POMPANO BEACH FL 33073 4100 NO POWERLINE ROAD STE 06
POMPANO BEACH FL 33073

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	12/04/1995	12/04/1995
22 City & State	27 City & State	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

GREENE, NEIL A
5872 NW 73RD COURT
PARKLAND FL 33067

10. Name and Address of New Registered Agent

81 Name Alan S. Fishman, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
2301 W. Sample Rd., Bldg. 3, Ste. 3A
83
84 City Pompano Beach FL 85 Zip Code 33073

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

Alan S. Fishman
Signature typed or printed name of registered agent and title if applicable

ALAN S. FISHMAN
(NOTE: Registered Agent signature required when reinstating)

7/19/96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PRESIDENT	Richard Koliffrath	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
4100 N. Powerline Road, #Q6	Pompano Beach, FL 33073		
TITLE	NAME	2.1 TITLE	2.2 NAME
DIRECTOR	Richard Koliffrath	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
4100 N. Powerline Road, #Q6	Pompano Beach, FL 33073		
TITLE	NAME	3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard Koliffrath
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/96 954 9942882
DATE CHARTER NUMBER

CR2E034 (3/96)