

07091999-90012-012-\$550.00-\$550.00

MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$550)

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000021442**

(Corporation Name)

ADD EYES, INC.

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90012 012 \*\*\*550.00



Principal Place of Business  
~~2517 SW 123 PL~~  
~~HOMESTEAD FL 33032~~  
**O. BOX: 924959**  
**PRINCETON, FL 33092**

Mailing Address  
~~2517 SW 123 PL~~  
~~HOMESTEAD FL 33032~~  
**P.O. BOX: 924959**  
**PRINCETON, FL 33092**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
25  
Country  
29

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
30  
Country

3. Date Incorporated or Qualified

03/05/1996

4. FEI Number  
65-0658329Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDWARDS, OLIVER D  
2517 SW 123 PL  
HOMESTEAD FL 33032  
~~P.O. BOX: 924959~~  
~~PRINCETON, FL 33092~~

5350 SW 98CT  
MIAMI FL  
33165

81 Name

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

83

84 City

FL

85 Zip Code

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)

DATE

## OFFICERS AND DIRECTORS

11. NAME	12. ADDRESS	13. CITY-STATE-ZIP	14. TITLE
EDWARDS, OLIVER D	P.O. BOX: 924959	PRINCETON, FL 33092	

13.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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.

SIGNATURE:

*OLIVER D EDWARDS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/99

Date

305.498.2815

Daytime Phone #

CR2E034 (5/99)