

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000040331

1. Corporation Name
EGLECTIC EYE, INC.

Principal Place of Business
1000 QUAYSIDE TERR
STE 12
MIAMI FL 33138
US

Mailing Address
1000 QUAYSIDE TERR
STE 12
MIAMI FL 33138
US

2. Principal Place of Business

2a. Mailing Address

21 1000 QUAYSIDE TERR. #1206

26 1000 QUAYSIDE TERR.

Suite, Apt. #, etc.
22 #1206

Suite, Apt. #, etc.
27 #1206

City & State
23 Miami FLORIDA

City & State
28 Miami, FLA

Zip Country
24 33138 25 USA

Zip Country
29 33138 30 USA

9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1996

4. FEI Number

65-0678167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

LEHMAN, MITCHELL
1000 QUAYSIDE TERRACE
TOWER SUITE 12
MIAMI FL 33138

81 Name LEHMAN, MITCHELL

82 Street Address (P.O. Box Number is Not Acceptable)
1000 QUAYSIDE TERRACE

83 Apt # 1206

84 City Miami FL 85 Zip Code 33138

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME LEHMAN, IRENE
STREET ADDRESS 1000 QUAYSIDE TERR STE 12
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS Apt # 1206
1.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME LEHMAN, MITCHELL
STREET ADDRESS 1000 QUAYSIDE TERR STE 12
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS Apt # 1206
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99

305-893-9615

Date

Daytime Phone #

CR2E034 (11/98)

0000179