

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90191 001 ***150.00

DOCUMENT # P96000082002

1. Corporation Name
EYE OF THE DESIGNER COLLECTION, INC.



Principal Place of Business
300 S.E. MIZNER BLVD.
APT. 905
BOCA RATON FL 33432

Mailing Address
P.O. BOX 294156
BOCA RATON FL 33429-4156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8113 MIZNER LANE Suite, Apt. #, etc. 22		2a. Mailing Address 26 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 10/03/1996	
23 City & State BOCA RATON, FL Zip Country 24 33433 25 USA		28 City & State BOCA RATON Zip Country 29 30		4. FEI Number 65-0696236 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

KRIGMAN, JUDITH
300 S.E. MIZNER BLVD
APT. 905
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 33433

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	D <input type="checkbox"/> DELETE	1.1 TITLE	OWNER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIGMAN, JUDITH	1.2 NAME	JUDITH KRIGMAN
STREET ADDRESS	300 S.E. MIZNER BLVD APT. 905	1.3 STREET ADDRESS	8113 MIZNER LANE
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Judith Krigman REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99
Date

561-470-2371
Daytime Phone #

CR2E034 (11/98)

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