

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000020538 (9)

1. Corporation Name
 EYE MANAGEMENT, INC.

8-20-98



Principal Place of Business
 1850 GATEWAY DRIVE
 SUITE 500
 SAN MATEO CA 94404

Mailing Address
 1850 GATEWAY DRIVE
 SUITE 500
 SAN MATEO CA 94404

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

3. Date Incorporated or Qualified

03/01/1997

4. FEI Number

94-32263298

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 or has paid the current year Intangible
 Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

SOKOL, JERRY J ESQ
 201 SOUTH BISCAYNE BOULEVARD
 22ND FLOOR
 MIAMI FL 33131-4336

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THIRY, KENT J	
STREET ADDRESS	1850 GATEWAY DRIVE, #500	
CITY-ST-ZIP	SAN MATEO CA 94404	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZUMWALT, LEANNE M	
STREET ADDRESS	1850 GATEWAY DRIVE, #500	
CITY-ST-ZIP	SAN MATEO CA 94404	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, Asst.S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ott, Charles W.	
1.3 STREET ADDRESS	1850 Gateway Drive, #500	
1.4 CITY-ST-ZIP	San Mateo, CA 94404	
2.1 TITLE	DST, CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Zumwalt, LeAnne M	
2.3 STREET ADDRESS	1850 Gateway Drive, #500	
2.4 CITY-ST-ZIP	San Mateo, CA 94404	
3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Pozen, Richard	
3.3 STREET ADDRESS	1850 Gateway Drive #500	
3.4 CITY-ST-ZIP	San Mateo, CA 94404	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Katter, Robert	
4.3 STREET ADDRESS	1850 Gateway Drive, #500	
4.4 CITY-ST-ZIP	San Mateo, CA 94404	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mondshine, Robert	
5.3 STREET ADDRESS	1850 Gateway Drive, #500	
5.4 CITY-ST-ZIP	San Mateo, CA 94404	
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)(f), 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:

Charles W. Ott

CR2E034 (5/98)

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