

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90068 042 ***150.00

**PROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



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

DOCUMENT # 997000037224

1. Corporation Name

EYEMAX, INC

902 NE 209th St
 #104
 NORTH MIAMI BCH, FL
 33179

Principal Place of Business

Mailing Address

902 NE 209th St #104
 NORTH MIAMI BCH, FL
 33179



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/24/97

2. Principal Place of Business

2a. Mailing Address

21 902 NE 209th St

26 902 NE 209th St

4. FEI Number

65-0752456

Applied For

Not Applicable

Suite, Apt. #, etc.

22 #104

City & State

23 NORTH MIAMI BCH, FL

Zip

24 33179

Country

25 USA

City & State

26 NORTH MIAMI BCH, FL

Zip

27 33179

Country

28 USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.

☐ Yes☒ No

9. Name and Address of Current Registered Agent

902 NE 209th St #104
 NORTH MIAMI BCH FL.
 33179

10. Name and Address of New Registered Agent

81 Name DANA M. GORDON

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

83 902 NE 209th St #104

84

City N.M.B.

FL

85 Zip Code 33179

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 reappointing)

DATE

4/3/99

12. OFFICERS AND DIRECTORS

TITLE P
 NAME DANA M. GORDON
 STREET ADDRESS 902 NE 209th St #104
 CITY-ST-ZIP NORTH MIAMI BCH, FL 33179

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V
 1.2 NAME VICE PRESIDENT
 1.3 STREET ADDRESS D. PAIGE GORDON
 1.4 CITY-ST-ZIP 902 NE 209th St #104
 2.1 TITLE NORTH MIAMI BCH FL 33179

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE
 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:

Dana M Gordon

4/3/99

305 534-4500

CR2E034 (11/98)