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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000042420 (4)

1. Corporation Name

SONTOUCHED VISION, INC.

Principal Place of Business

22074 HERNANDO AVE.
PORT CHARLOTTE FL 33952

Mailing Address

22074 HERNANDO AVE.
PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1997

2. Principal Place of Business

2a. Mailing Address

21 3863 ALBIN AV. N
Suite, Apt. #, etc.

26 3863 ALBIN AV. N
Suite, Apt. #, etc.

4. FEI Number

65-0735923

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

22 City & State
23 North Port, Florida

27 City & State
28 North Port, Florida

24 Zip Country
25 34286 Sarasota

29 Zip Country
30 34286 SARASOTA

9. Name and Address of Current Registered Agent

ILKOW, GREG
22074 HERNANDO AVE.
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name
ILKOW, PATRICIA

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

83 3863 ALBIN AV. N.

84

City
North Port

FL 85 Zip Code
34286

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

Patricia P Ilkow
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 ☐ DELETE
NAME ILKOW, GREG
STREET ADDRESS 22074 HERNANDO AVE.
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☐ DELETE
NAME ILKOW, PATRICIA P
STREET ADDRESS 22074 HERNANDO AVE.
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 3863 ALBIN AV. N.
1.4 CITY-ST-ZIP North Port FL 34286

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 3863 ALBIN AV. N.
2.4 CITY-ST-ZIP North Port FL 34286

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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.

SIGNATURE:

Patricia P Ilkow

4/14/98

423-3423

CR2E034 (10/97)