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 Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90022 025 ***150.00

	
DOCUMENT #	P97000042420

1. Corporation Name SONTOUCHED VISION, INC.

Principal Place	of Business	Mailing Address			·					
3863 ALBIN AVE		3863 ALBIN AVE. N. NORTH PORT FL 34286								
North Port Fi US	L J9200 -⊀	US				DO NOT WRIT	E IN THIS S	PACE		
00						3. Date Incorporated or Qualifed 05/13/1997			. ·	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		App	lied For	
21	300 O/ 200335	26				65-0735923	.,.	Not	Applicable	
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			•	5. Certificate of Status Desired	п ,	\$8.75 Ac Fee Req		
22 27 City & State City & State			- "			6. Election Campaign Financing		\$5.00 N	May Be	
23		28				Trust Fund Contribution	. U	Added to	Fees	
Zip	Country	Zip	Count	ry		8. This corporation owes the current year Intangible				
24	25	29	30			Personal Property Tax.				
	9. Name and Address of Curren	t Registered Agent		_		10. Name and Address of New R	egistered A	gent		
			8	1	Name				ļ	
ILKOW, PATRICIA 3863 ALBIN AVE N.			8	2	Street Addre	ss (P.O. Box Number is Not Accepta	nia go praip	10 みの2 勢速 、 強壮。		
NORTH PORT FL 34286			8	83				行為類的		
			8	4	City		FL	85 Zip C	ode	
44 17	the provisions of Sections 607 050	2 and 607 1508. Florida Statute	es, the abo	ve	-named corpo	oration submits this statement for the	purpose of c	hanging its	registered	
						n's board of directors. I hereby accep	t the appoint	ment as reg	Jistered	
office or registered agent, or both, in the State of Florida. State of Florida. State of Florida Statutes. agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature product crisistered agent and title if epolicable. (NOTE: Registered Agent signature required when reinstating): DATE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi			Registered A	gent	signature required	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12	
12.		DELETE	1.1 TITU	=		ADDITIONAGE VALVA		☐ Change	☐ Addition	
TITLE	D DEC		1.2 NAM							
NAME	ILKOW, GREG				ADDOCCO			•		
STREET ADDRESS	3863 ALBIN AVE N.				ADDRESS	• •			1	
CITY-ST-ZIP	NORTH PORT FL 34286	☐ DELETE	1.4 CITY 2.1 TITL		-219			Change	Addition	
TITLE	D DATES OF D	C DELETE								
NAME	ILKOW, PATRICIA P		2.2 NAV						İ	
STREET ADDRESS	3863 ALBIN AVE N.				ADORESS			مسمتحت		
CITY+ST-ZIP -	NORTH PORT FL 34286		2. 4 CIT		T-ZIP			Change	Addition	
TITLE	All the second	☐ DELETE		3.1 TITLE						
NAME			3.2 NAN							
STREET ADDRESS			B	3.3 STREET ADDRESS			四种诗:	的基礎	は珍寶!	
CITY-ST-ZIP			3.4. CIT		T-ZIP	· 人名德特 医囊膜 [編集]	- 1	Change	Addition	
TITLE	-	☐ DELETE	4,1 TITL			그는 그는 사람이 생각하는데		[_] Change ·•	, Addition	
NAME			4. 2 NA	ИE						
STREET ADDRESS			4.3 STR	EET	ADDRESS	•				
CITY-ST-ZIP			4.4 CIT	/-ST	r-zip			Change	Addition	
TITLE		☐ DELETE	5.1 TITL				•	☐ Change	Addition	
NAME			5.2 NAA							
STREET ADDRESS	.,		L		ADORESS					
CITY-ST-ZIP			5.4 CIT		T-ZIP				Addition	
TITLE	1	☐ DELETE	6.1 TITL					Change	☐ Vigurou (
NAME			6.2 NAM						1	
STREET ADDRESS			6.3 STF	REET	T ADDRESS					
CITY-ST-ZIP			6.4 CIT				· · · · · · · · · · · · · · · · · · ·		· ·	
Unit-01-21	L		- 44	:	on stated in C	Section 119 07/3\(ii) Florida Statutes	I further cer	atv that the f	ntormation	

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 of fustee empowered to execute this report as required by Chapter 601, 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