

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90184 021 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000081374

1. Corporation Name

THE EYEGLASS FACTORY OUTLET CORP.

Principal Place of Business

7814A NW 44TH STREET
SUNRISE FL 33351

Mailing Address

7814A NW 44TH STREET
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1997

4. FEI Number
65-0405094

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

21. Principal Place of Business
2500 E. Hallandale Bch Blvd

2a. Mailing Address
2500 E. Hallandale Bch Blvd

Suite, Apt. #, etc.

22. Suite 0

Suite, Apt. #, etc.

27. Suite 0

City & State

23. Hallandale FL

City & State

28. Hallandale FL

Zip

24. 33009

Country

25. USA

Zip

29. 33009

Country

30. USA

9. Name and Address of Current Registered Agent

ZIPPIN, ROBERT S ESQ
7101 W MCNAB ROAD SUITE 200
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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 ☐ DELETE
NAME MEYER, BARRY
STREET ADDRESS 7814A NW 44TH STREET
CITY-ST-ZIP SUNRISE FL 33351

TITLE D ☐ DELETE
NAME MEYER, ANDREA
STREET ADDRESS 7814A NW 44TH STREET
CITY-ST-ZIP SUNRISE FL 33351

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

11. TITLE ☒ Change ☐ Addition
12. NAME
13. STREET ADDRESS 2500 E. Hallandale Bch Blvd
14. CITY-ST-ZIP Hallandale FL 33009

21. TITLE ☒ Change ☐ Addition
22. NAME
23. STREET ADDRESS 2500 E Hallandale Bch Blvd
24. CITY-ST-ZIP Hallandale FL 33009

31. TITLE ☐ Change ☐ Addition
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

41. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

51. TITLE ☐ Change ☐ Addition
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

61. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99 954456-5881