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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000092119 (1)

SPECTACLES, INC.

## FILED Mar 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 20143 OCEAN KEY DRIVE 20143 OCEAN KEY DRIVE **BOCA RATON FL 33498 BOCA RATON FL 33498** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/27/1997 2. Principal Place of Business
1911 N. PINE ISLAND RD. 2a. Mailing Address FEI Number Applied For 6507 94278 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be PLANTATION Trust Fund Contribution Added to Fees 28 Country Country Zip 8. This corporation owes or has paid the current year Intang ble Personal Property Tax due June 30. X Yes □ No 20 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATE ACCESS, INC. BRETT FORREST 1116-D THOMASVILLE RD. Street Address (P.O. Box Number is Not Acceptable) 20143 OCEAN KEY PR. TALLAHASSEE FL 32303 83 84 City BOCA RATON 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. Brett Forrest, President SIGNATURE typed or pontrel name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1 1 TITLE ☐ Change ☐ Addition FORREST, BRETT NAME 1.2 NAME 20143 OCEAN KEY DRIVE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33498** CITY-ST-7IP 1.4 CiTY-ST-7IP DFLETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 recover or frustee 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:

But we Brett Fornist, President

2/18/98

954)4529914

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