

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**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90069 028 \*\*\*158.75

DOCUMENT # **P98000041016**

1. Corporation Name

**EYETEMS INTERNATIONAL NO. 120, INC.**

Principal Place of Business

**5535 N MILITARY TRAIL #1814  
BOCA RATON FL 33496**

Mailing Address

**5535 N MILITARY TRAIL #1814  
BOCA RATON FL 33496**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/06/1998**

4. FEI Number

**65 0833051**

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

2. Principal Place of Business

2a. Mailing Address

**21 1801 Clint Moore Rd**

**26 PO Box 81-1147**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 202**

**27**

City & State

City & State

**23 Boca Raton FL**

**28 Boca Raton FL**

Zip

Country

Zip

Country

**24 33487 25 USA**

**29 33481 30 USA**

9. Name and Address of Current Registered Agent

**GELCH, GARY D  
8751 W BROWARD BLVD SUITE 408  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

**81 Name Claire, Robert I**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**7280 W. Palmetto Park Rd, S-106**  
**83**  
**84 City Boca Raton FL 85 Zip Code 33433**

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	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HANOPOLE, ROBERT</b>	
STREET ADDRESS	<b>5535 N MILITARY TRAIL #1814</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD TS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Ellen Godur</b>	
1.3 STREET ADDRESS	<b>7280 W. Palmetto Park Rd ; S-106</b>	
1.4 CITY-ST-ZIP	<b>Boca Raton FL 33433</b>	
2.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Jaime Godur</b>	
2.3 STREET ADDRESS	<b>7280 W. Palmetto Park Rd ; S-106</b>	
2.4 CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)