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**

DOCUMENT # P98000105529

EYETEMS INTERNATIONAL NO. 110, INC.

Principal Place of Business

CITY-ST-ZIP

Mailing Address

7280 W. PALMETTO PARK RD., S-106

7280 W. PALMETTO PARK RD., S-106

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

05-05-1999 90069 033 ***158.75



BOCA RATON FL 33433		BOCA RATON FL 33433		DO NOT	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qua	ilifed		
					12/17/1998			l
2. Principal P	lace of Business .	2a. Mailing Address			4. FEI Number		Apr	olied For
21 1801	1 Clint moore Rd 26 PO Box 81			959	65-08773	5°92	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				nd 57	\$8.75 A	dditional
22 Su	iste 202	27			5. Certifcate of Status Desir	ed 🛂	Fee Rec	quired
City & State City & State					6. Election Campaign Finan	cing [\$5.00	May Be
23 BO	ora Raton FL 28 Boca Rator				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the	current year Int	angible	
24 334	187 25 DSA	29 33481 30	0	SH	Personal Property Tax.		Yes [□No
•	9. Name and Address of Current	Registered Agent			10. Name and Address of N	lew Registered	<u>Age</u> nt	
			81	Name				
CLAIRE, ROBERT I				Street	Address (P.O. Box Number is Not Ad	cceptable)		
7280 W. PALMETTO PARK RD., S-106								
BOCA	A RATON FL 33433		83					
			84	City		FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes.	the above	ı e-named	corporation submits this statement for	or the purpose of	changing its !	registered
office or r	egistered agent, or both, in the State of	Florida. Such change was auth	orized by	the corp	oration's board of directors. I hereby	accept the appoi	ntment as reg	istered
	m familiar with, and accept the obligation	ons of, Section 607.0505, Fibrida	a Statutes	•				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature	required when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRECTOR	RS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	GODUR, ELLEN F		1.2 NAME					
STREET ADDRESS	7280 W. PALMETTO PARK RD., S	S-106	1.3 STREE	TADORESS				
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-S	T- ZIP				
TITLE		☐ DELETE	2.1 TITLE		Y		Change	Addition
NAME			2.2 NAME		Jaime Gody			
STREET ADDRESS			2.3 STREE	ADDRESS	Jaime Godur 7280 W. Palmette Boca Raton Fl	Park F	3d: S-10	ملا
CITY-ST-ZIP		'	2. 4 CITY-5		ROTO ROTOR FL	3343	3	'
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS				(ADDRESS				
			3.4. CITY- 9					
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	71-211			Change	Addition
NAME		_	4. 2 NAME					
STREET ADDRESS				(ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TYTLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME	İ		5.2 NAME					
STREET ADDRESS			5.3 STREE	TADORESS				
CITY-ST-ZIP			5.4 CITY-S	T- ZIP	1			
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
OTDEET ADDOCAG			63 STREE	ADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE