

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY 16 1996 8:15

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **S48485**

(4)

1. Corporation Name

EYE OF THE NEEDLE, INC.

Principal Place of Business

2115 S. US HWY 1
JUPITER FL 33477
US

Mailing Address

2115 S. US HWY 1
JUPITER FL 33477
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1991

3a. Date of Last Report

06/21/1994

4. FEI Number

10-8366761

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 has liability for intangible tax under S. 196(1)(3),
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

22

State, Apt. #, etc.

27

City & State

23

City & State

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SICILIANO, PATRICIA
2115 U.S. HIGHWAY 1
JUPITER FL 33427**

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 607.0402 and 607.1505, 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 607.1505, Florida Statutes.

SIGNATURE

(Print Name, Title, and Firm Name of Registered Agent)

(Print Name, Title, and Firm Name of Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME	PD
12.2 STREET ADDRESS	SICILIANO, PATRICIA
12.3 CITY & STATE	2115 US HWY. 1
	JUPITER FL
12.4 NAME	VD
12.5 STREET ADDRESS	SICILIANO, RICHARD
12.6 CITY & STATE	2115 US HWY 1
	JUPITER FL
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY & STATE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY & STATE	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY & STATE	
12.16 NAME	
12.17 STREET ADDRESS	
12.18 CITY & STATE	

13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY & STATE	
13.5 NAME	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY & STATE	
13.9 NAME	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY & STATE	
13.13 NAME	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY & STATE	

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(b), Florida Statutes. I further certify that the information included 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.

SIGNATURE:

Patricia Siciliano V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-85
Date

467-744-2102
Telephone Number