SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: **04/29/1991**
3a. Date of Last Report: **05/16/1995**

2. Principal Place of Business
21 1145 SW ARROWHEAD CT
PALM CITY FLA 34990
22 Suite, Apt. #, etc
23 City & State: PALM CITY, FLA
24 Zip: 34990
25 Country: USA

2a. Mailing Address
26 1145 SW Arrowhead Ct
PALM CITY FLA 34990
27 Suite, Apt. #, etc
28 City & State: PALM CITY FLA
29 Zip: 34990
30 Country: USA

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. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
SICILIANO, PATRICIA
2115 U.S. HIGHWAY 1
JUPITER FL 33427

10. Name and Address of New Registered Agent
81 Name: SICILIANO, PATRICIA & RICHARD
82 Street Address (P.O. Box Number is Not Acceptable): 1145 SW ARROWHEAD CT
83
84 City: PALM CITY FL 85 Zip Code: 34990

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] [signature] 8-19-96
Signature: typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when name is changed — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD ☐ DELETE
NAME	SICILIANO, PATRICIA
STREET ADDRESS	2115 US HWY. 1
CITY-ST-ZIP	JUPITER FL
TITLE	VD ☐ DELETE
NAME	SICILIANO, RICHARD
STREET ADDRESS	2115 US HWY 1
CITY-ST-ZIP	JUPITER FL
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

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] V.P. 08-19-96 561-223-2130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #