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

**PROFIT** CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUI  1. Corporation	MENT # <b>\$7888</b>	0	(9)			
EYE B	OUTIQUE OF OAKLAND PA	ARK, INC.			) 	ING BAN DIBA GURN BIRN BIRN BIRN BIRN BAN IBR
Principal Place	e of Business	Mailing Addres	.s			
79 E. OAKLAND PARK BLYD. OAKLAND PARK FL 33334			79 E. OAKLAND PARK BLVD. OAKLAND PARK FL 33334			
					3. Date incorporated or Qualified 09/10/1991	3a. Date of Last Report 04/24/1995
2. Principal Place of Business		2a. Mailing Add	iress		4, FEI Number	Applied For
21		26			65-0282815	Not Applicable
Suite Apt. #, etc		Suite, Apt.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	I		Trust Fund Contribution	Added to Fees
	Zip Country		Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Y Yes \ \tag{1}\) No	
24	25 9. Name and Address of Curren	[29] It Registered Agen	30		10. Name and Address of New	
		. 7	8-	I Name		
SILIDKE	R, MARTIN E.		8	Street Add	ress (P.O. Box Number is Not Accepta	able)
	AKLAND PARK BLVD.		83			
OAKLAN	ND PARK FL 33334					
			84	City		FL 85 Zip Code
or register familiar wit SIGNATURE	ed agent, or both, in the State of Floric th, and accept the obligations of Snoti	da: Such change wa or: 607.0505, Florida	s authorized by the cor a Statutes.	poration's bod	and of directors. I hereby accept the ap	
12.	OFFICERS AND		(NOTE Registered Apr	ord Sightal the Assure		FRICERS AND DIRECTORS IN 12
TITLE	D	☐ D:	LETE 1 1 TITLE	· T		Change Addition
NAME	SILIDKER, MARTIN E.		1.2 NAME			
STREET ADDRESS	79 E. OAKLAND PARK BLVD.	•	1.3 S1REE	LADORESS		
CITY-ST-ZIP	OAKLAND PARK FL		1.4 CITY -			
TITLE	D	□ DFLETE 2		ļ		Change Addition
NAME OZOSEL ARKOGOO	TAITELBAUM, JOSEPH		2.2 NAMÉ			
STREET ADDRESS CITY - ST - ZIP	79 E. OAKLAND PARK BLVD. OAKLAND PARK FL	•	2.3 STREE 2.4 CHY-	T ADDRESS		
TITLE	OANDANU PARA FL	Da				Change Addition
NAME		<b>L</b>	3 2 NAME			
STREET ADDRESS			33 STRE	ET ADDRESS		
CITY - ST - ZIP			3.4 City-			
TITLE		DE	LETE 4, 1 TITLE	<u></u>		Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREE	ET ADDRESS		
CiTY - ST - ZiP			4.4 CITY -			
TITLE		D£				Change Addition
NAME STOCKE ADDRESS			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY - ST - ZIP TITLE		DE	LETE 6 1 TITLE	51 - ZIP		TOWN
						Change 🗀 Addition
NAME						Change 🔲 Addition
			6.2 NAME			Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			6.2 NAME	- I ADDRESS		Change C Addition

centry that the information indicated on this authorized on this authorized on 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 or an attachment with an address

SIGNATURE (X)

CR2E034 (12/95)