FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

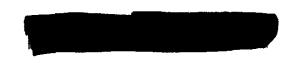
Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 1/42479 142479 14

THREE AMERICAS INC DBA EYES R. LS.
Principal Place of Business

Mar 29, 1999 8:00 am **Secretary of State**

03-29-1999 90099 025 ***150.00



3193	E. RIVEKSIDE DI	(The state of the	0 C · 1	nensioo	4		
21 MYERS 21. 33916			33916				
					3. Date Incorporated or Qualified	92	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	oplied For
21 4135 MARTIN LUTHERZE 3193E KINER				10 E DR	65-0341678	No.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional equired
22 C/0 TCAM & SIEKS 27 City & State City & State 23 T. MyCK S 28 T. MyCKS			as -	91	Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 32	3916 25 AFF	Zip 339/6 3	Country	66	This corporation owes the current Personal Property Tax.	year Intangible ☐ Yes	□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
			81	Name			
GUNDERSON, MIKO P * BATSEL MCKINLEY ITTERSAGEN GUNDERSON & B 1861 PLACIDA ROAD, SUITE 204 ENGLEWOOD FL 34223			82	82 Street Address (P.O. Box Number is Not Acceptable)			
			83			**	
			1				
<u>•</u>			84	1		FL	Code .
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 a	nd title if applicable. (NOTE: R	egistered Age	nt signature required	when reinstating)	DATE	
12. OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	The second secon		1.2 NAME	1			
STREET ADDRESS	RESS CONTRACTOR AND			T ADDRESS			
CITY-ST-ZIP	-0-110 01-015-11-11-11-11-11-11-11-11-11-11-11-11-1		1.4 CITY-S	iT-ZIP			
TITLE	Rose MARIE MASON DELETE 21 21 21 21 21 21 21 21					Change	☐ Addition
NAME				ĺ			
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	ST. MYERS 31.	<i>3391</i> 6	2.4 CITY-	ST-ZIP			
TITLE -	BOGER MASON	DELETE	'3.1 TITLE		The second secon	Change	Addition
NAME	MOGER THOUR	sine De	3.2 NAME	l			ļ
STREET ADDRESS	3193 E. RIVER	3106 PK	3.3 STREE	TADDRESS			1
CITY-ST-ZIP	ST. HYERS 31.	33916	3.4. CITY-	ST-ZIP			-
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				1
STREET ADDRESS			4.3 STREE	TADORESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME .			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADORESS		•	1
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME		·		1
STREET ADDRESS			6.3 STREE	TADORESS			}

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 changes. On an attachment with an address, with all other like empowered. 941

SIGNATURE: