

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jan 29 1998 8:00am  
Secretary of State

DOCUMENT # V55917 (1)

1. Corporation Name  
N UR EYE FILMS, INC.

Principal Place of Business  
120 E. OAKLAND PARK BLVD  
SUITE 105  
FORT LAUDERDALE FL 33334  
US

Mailing Address  
2826 E OAKLAND PARK BLVD  
FT LAUDE4RDALE FL 33307  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/06/1992

4. FEI Number

59-3136191

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 2826 E. Oakland Park Blvd.

22 City & State 27 Suite 200

23 Fort Lauderdale, FL 28

24 Zip 25 Country 29 33306 30 US

9. Name and Address of Current Registered Agent

BULFIN, BOB  
2826 E OAKLAND PARK BLVD  
FT LAUDERDALE FL 33307

10. Name and Address of New Registered Agent

81 Name Bulfin, Bob

82 Street Address (P.O. Box Number is Not Acceptable)  
2826 E. Oakland Park Blvd.

83 Suite 200

84 City Fort Lauderdale

FL

85 Zip Code  
33306

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

*Bob Bulfin*  
Signature, typed or printed name of registered agent and title if applicable.

Bob Bulfin, as Registered Agent

(NOTE: Registered Agent signature required when reinstalling)

DATE

1/7/98

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME O'GRADY, JOHN ☐ DELETE  
STREET ADDRESS 1685 MICHIGAN AVE  
CITY-ST-ZIP MIAMI BCH FL

TITLE VD  
NAME MOSTELLER, ERNEST C ☐ DELETE  
STREET ADDRESS 1685 MICHIGAN AVE  
CITY-ST-ZIP MIAMI BCH 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 272 IMPERIAL LANE  
1.4 CITY-ST-ZIP LAUDERDALE BY THE SEA 33308

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 272 IMPERIAL LANE  
2.4 CITY-ST-ZIP LAUDERDALE BY THE SEA 33308

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

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 changed, or on an attachment with an address.

SIGNATURE: *John O'Grady* PRESIDENT/DIR. 1/13/98 800-999-4394

CR2E034 (10/97)