

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V59817** (9)

1. Corporation Name
SUN'S EYE, INC.



Principal Place of Business

**1499 ALOMA AVENUE
WINTER PARK FL 32789
US**

Mailing Address

**P.O. BOX 235
WINTER PARK FL 32790**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

g. Name and Address of Current Registered Agent

**POTS, MADELINE LANDING
1499 ALOMA AVE.
WINTER PARK FL 32789**

3. Date Incorporated or Qualified

08/24/1992

3a. Date of Last Report

04/24/1995

4. FEI Number

59-3141245

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

10. Name and Address of New Registered Agent

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 607.0502 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 of person authorized to change the registered office and/or registered agent

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

**P
MASSARO, ROBERT
1499 ALOMA AVENUE
WINTER PARK FL**

2. TITLE

**V
POTS, MADELINE L
1499 ALOMA AVENUE
WINTER PARK FL**

3. TITLE

4. TITLE

5. TITLE

6. TITLE

7. TITLE

8. TITLE

9. TITLE

10. TITLE

11. TITLE

12. TITLE

13. TITLE

14. TITLE

15. TITLE

16. TITLE

17. TITLE

18. TITLE

19. TITLE

20. TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

25. TITLE

☐ Change ☐ Addition

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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 this 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:

Madeline L. Pots
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96 407-628-1162

CR2E034 (12/95)