

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3: 52

DOCUMENT # **V69956** (3)

1. Corporation Name
EYE GOTCHA, INC.

Principal Place of Business
**11401 PINES BLVD
#352
PEMBROKE PINES FL 33026**

Mailing Address
**11401 PINES BLVD
#352
PEMBROKE PINES FL 33026**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/09/1992

3a. Date of Last Report
08/19/1994

4. FEI Number
65-0363361

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Finance 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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent
**OBERTI, DANIEL
11401 PINES BLVD
#352
PEMBROKE PINES FL 33026**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Agent or person authorized to sign on behalf of corporation. (Do not sign for agent or person authorized to sign on behalf of corporation.)

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ROSEN, ROCHELLE
STREET ADDRESS	11401 PINES BLVD #352
CITY, ST, ZIP	PEMBROKE PINES FL
TITLE	VSD
NAME	OBERTI, DANIEL
STREET ADDRESS	11401 PINES BLVD #352
CITY, ST, ZIP	PEMBROKE PINES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
18 TITLE	☐ Change ☐ Addition
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	
22 TITLE	☐ Change ☐ Addition
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 TITLE	☐ Change ☐ Addition
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	
30 TITLE	☐ Change ☐ Addition
31 NAME	
32 STREET ADDRESS	
33 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, 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 on Block 12 or 13 or 14 of this document with an address.

SIGNATURE: *Rochelle Rosen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/95
(305) 440-6050
436-0460