

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

FILED
Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000719 (2)
 1. Corporation Name
H2EYE INC.

Principal Place of Business 3343 PEACHTREE RD., N.E., #1800 ATLANTA GA 30326-1010	Mailing Address 3343 PEACHTREE RD., N.E., #1800 ATLANTA GA 30326-1010
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/12/1996	3a. Date of Last Report
21	26	4. FEI Number APPLIED FOR		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PSD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BARNETT, GLENN S			1.2 NAME	GIBSON, JOHN E		
STREET ADDRESS	MACNAMARA RD.,			1.3 STREET ADDRESS	WALING ROAD		
CITY - ST - ZIP	ROAD TOWN TORTOLA BRITISH VI			1.4 CITY - ST - ZIP	ROAD TOWN TORTOLA BRITISH VI		
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAWORTH, CAROL			2.2 NAME			
STREET ADDRESS	MACNAMARA RD.,			2.3 STREET ADDRESS			
CITY - ST - ZIP	ROAD TOWN TORTOLA BRITISH VI			2.4 CITY - ST - ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAWORTH, JANE M			3.2 NAME			
STREET ADDRESS	MACNAMARA RD.,			3.3 STREET ADDRESS			
CITY - ST - ZIP	ROAD TOWN TORTOLA BRITISH VI			3.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARTON, NOEL			4.2 NAME			
STREET ADDRESS	HAVERS TORTOLA			4.3 STREET ADDRESS			
CITY - ST - ZIP	BRITISH VIRGIN ISLANDS			4.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORBIN, KEITH B			5.2 NAME			
STREET ADDRESS	CLOS DUE FAUONNAIRES RUE DES FAUONNAIRES			5.3 STREET ADDRESS			
CITY - ST - ZIP	ST ANDREWS, GUERNSEY CHANNEL			5.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUQUEMIN, NEAL M			6.2 NAME			
STREET ADDRESS	LE BORDAGE LA BELLIEUSE			6.3 STREET ADDRESS			
CITY - ST - ZIP	ST MARTINS, GUERNSEY, CHANNE			6.4 CITY - ST - ZIP			

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14. I do 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 reports 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: _____

CR2E034 (9/96)