

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 514675 (8)

1. Corporation Name

SUNGLASS HUT REALTY CORPORATION

Principal Place of Business

255 ALHAMBRA CIR.
12TH FLOOR
CORAL GABLES FL 33134
US

Mailing Address

255 ALHAMBRA ICR.
12TH FLOOR
CORAL GABLES FL 33134
US

3. Date Incorporated or Qualified
11/09/1976

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-2533689

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CHADSEY, JACK~~
~~255 ALHAMBRA CIR.~~
~~CORAL GABLES FL 33134~~

81 Name
CT CORPORATION SYSTEM

82 Street Address (P.O. Box Number is Not Acceptable)

83 1200 South Pine Island Road

84 City
PLANTATION FL 85 Zip Code
33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 officer or person named as registered agent and, if applicable,

PETER F. SOUZA
ASSISTANT SECRETARY

4/29/96

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P / Dir
CHADSEY, JACK
255 ALHAMBRA CIR.
CORAL GABLES FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HAUSLEIN, JAMES
255 ALHAMBRA CIRC.
CORAL GABLES FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS AT / S / Dir
PITA, GEORGE
255 ALHAMBRA CIR.
CORAL GABLES FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
MARBAN, MARLENE
255 ALHAMBRA CIRCLE
CORAL GABLES FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCFO, Dir / Treas.
PETERSON, LARRY
255 ALHAMBRA CIRCLE
CORAL GABLES FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Pres / CEO / Dir
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Sec / AT / Dir
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
VP / CFO / Dir / Treas.
100001804041
****208.75 ****208.75
☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 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 addendum to this address.

SIGNATURE:

MARLENE M. MARBAN
ASST. SECRETARY

4/22/96

DATE

DISPATCH PHONE #

(305) 461-6160

CR2E034 (12/95)