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May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000002056 (9)

1. Corporation Name

~~SOLARMATES, INC.~~  
SERENGETI EYEWEAR, INC.

N/C 4/2/97

Principal Place of Business  
8125 25TH COURT EAST  
SARASOTA FL 34243

Mailing Address  
8125 25TH COURT EAST  
SARASOTA FL 34243-2800

3. Date Incorporated or Qualified 04/20/1994	3a. Date of Last Report 09/20/1996
4. FEI Number <del>11-2386918</del> 65-0665657	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEVITT, STEPHEN  
8125 25TH COURT EAST  
SARASOTA FL 34243

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VS ☐ DELETE  
NAME NEVITT, MILTON  
STREET ADDRESS 8125 25TH COURT EAST  
CITY- ST- ZIP SARASOTA FL 34243

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE PT ☐ DELETE  
NAME NEVITT, STEPHEN  
STREET ADDRESS 8125 25TH COURT EAST  
CITY- ST- ZIP SARASOTA FL 34243

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

TITLE V ☐ DELETE  
NAME GUCCIONE, MICHAEL  
STREET ADDRESS 8125 25TH COURT EAST  
CITY- ST- ZIP SARASOTA FL 34243

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE D ☐ DELETE  
NAME NEWMAN, DAVID B  
STREET ADDRESS 8125 25TH COURT EAST  
CITY- ST- ZIP SARASOTA FL 34243

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

TITLE D ☐ DELETE  
NAME KEENER, WILLIAM  
STREET ADDRESS 8125 25TH COURT EAST  
CITY- ST- ZIP SARASOTA FL 34243

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

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 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: *Michael Guccione*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

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-05/28/97--01062--050  
\*\*\*165.00