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Feb 03 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 # F96000004089 (6)

1. Corporation Name
CHICAGO EYEWEAR, INC.



Principal Place of Business Mailing Address
2008 KINGSPOINTE 2008 KINGSPOINTE
CHESTERFIELD MO 63005 CHESTERFIELD MO 63005
4320 Gulfshore Blvd 4320 Gulfshore Blvd
Suite 208A Suite 208A
Naples FL 34108 Naples FL 34108

2. Principal Place of Business 2a. Mailing Address
21 4320 Gulfshore Blvd 26 4320 Gulfshore
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 208A 27 Suite 208A
City & State City & State
23 Naples FL 28 Naples FL
Zip Zip Country Country
24 34108 25 34108 29 34108 30

3. Date Incorporated or Qualified 3a. Date of Last Report
08/09/1996
4. FEI Number Applied For
43-1728561 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HEILAND, DERRILL
7750 PEBBLE CREEK CIRCLE, #108
NAPLES FL 34108

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 *Derrill Heiland* - VP Sec *Derrill Heiland* VP Sec 1/29/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	HEILAND, MARIE	
STREET ADDRESS	2008 KINGSPOINTE	
CITY-ST-ZIP	CHESTERFIELD MO 63005	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	HEILAND, DERRILL	
STREET ADDRESS	2008 KINGSPOINTE	
CITY-ST-ZIP	CHESTERFIELD MO 63005	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Heiland, Marie	
1.3 STREET ADDRESS	7750 Pebble Creek Circle #106	
1.4 CITY-ST-ZIP	Naples FL 34108	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Derrill Heiland* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97 314-227-8713
Date Daytime Phone #

CR2E034 (9/96)