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

APPROVED AND FILED
95 MAY -1 AM 10:15
REMITTED BY MAY 1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K28895 (6)

1. Corporation Name
ALL AMERICAN EYEWEAR, INC.

Principal Place of Business	Mailing Address
3039 COMMERCIAL WAY SPRING HILL FL 34606	3039 COMMERCIAL WAY SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/14/1988
3a. Date of Last Report: 07/12/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2900747 ☐ 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. The corporation has liability for interest tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CARLO, PATRICE C.
11533 S. LINDEN DR.
SPRING HILL FL 34608

10. Name and Address of New Registered Agent

81 Name: Hook, Patrice C.
82 Street Address (P.O. Box Number is Not Acceptable): 11533 S. Linden Dr.
83:
84 City: Spring Hill FL 85 Zip Code: 34608

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: Patrice C. Hook — PATRICE C. HOOK — 5-11-95
Signature, typed or printed name of registered agent and date (if applicable) — DATE (Registered Agent signature required when mandatory) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	KOOK, PATRICE C.	12 NAME	Hook, Patrice C.
STREET ADDRESS	11533 S. LINDEN DR.	13 STREET ADDRESS	11533 S Linden Dr
CITY-ST-ZIP	SPRING HILL FL	14 CITY-ST-ZIP	Spring Hill, FL 34608
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	DEMARCO, LEO	22 NAME	
STREET ADDRESS	9409 U.S. 19, 453B	23 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HOOK, JOHN W.	32 NAME	
STREET ADDRESS	11533 S. LINDEN DR.	33 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	D ☒ Change ☐ Addition
NAME	HOOK, MARJORIE T.	42 NAME	Hook, Marjorie T.
STREET ADDRESS	15731 VILLA DR.	43 STREET ADDRESS	18816 Seacraft Dr
CITY-ST-ZIP	HUDSON FL	44 CITY-ST-ZIP	Hudson, FL 34667
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: X Patrice C. Hook — PATRICE C. HOOK — 4-28-95 — 9046864958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0940044 CF