

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 JUN 14 AM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P27546 (1)**  
1. Corporation Name  
**SUNSACTIONS SUNGLASS COMPANY**

Principal Place of Business Mailing Address  
**7852 MOLLER RD INDIANAPOLIS IN 46268 US** **P O BOX 68921 INDIANAPOLIS IN 46268 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/02/1990** 3a. Date of Last Report **04/04/1994**

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

4. FEI Number **35-1787985** 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 In 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**

**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 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 the 2 made do:

(Date) Registered Agent (signature required when registering)

(Date)

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE **D**  
NAME **VON ALLEN, DOUGLAS J.**  
STREET ADDRESS **13541 WESTON PK DR**  
CITY, ST, ZIP **ST. LOUIS MO**  
TITLE **AS**  
NAME **KAPLAN, PHILLIP G.**  
STREET ADDRESS **14175 FOREST CREST DR**  
CITY, ST, ZIP **CHESTERFIELD MO**  
TITLE **D**  
NAME **OLSON, BRUCE A.**  
STREET ADDRESS **27 CLERMONT LANE**  
CITY, ST, ZIP **ST. LOUIS MO**  
TITLE **STD**  
NAME **CRAWFORD, MARK**  
STREET ADDRESS **801 KYLEWOOD PLACE**  
CITY, ST, ZIP **BALLWIN MO 63021**  
TITLE **P**  
NAME **CANNADY, MICHAEL D**  
STREET ADDRESS **3175 SMOKEY RIDGE TRAIL**  
CITY, ST, ZIP **CARMEL IN 46033**  
TITLE **AVP**  
NAME **FIEGLE, JAMES R**  
STREET ADDRESS **1930 LANDMARK DR**  
CITY, ST, ZIP **INDIANAPOLIS IN**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS **500001513315**  
1.4 CITY, ST, ZIP **-06/15/95--01018--002**  
**\*\*\*\*225.00 \*\*\*\*225.00**  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS **500001513315**  
2.4 CITY, ST, ZIP **-06/15/95--01018--003**  
**\*\*\*\*\*8.75 \*\*\*\*\*8.75**  
3.1 NAME  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY, ST, ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY, ST, ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(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 attachment with an address.

SIGNATURE: James R. Fiegle James R. Fiegle 6/7/95 317-875-8885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Area #)