

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business
**7852 MOLLER RD
INDIANAPOLIS IN 46268
US**

Mailing Address
**P O BOX 68921
INDIANAPOLIS IN 46268
US**

3. Date Incorporated or Qualified **01/02/1990** 3a. Date of Last Report **06/14/1995**

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 to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 **255 Alhambra Circle** 2a. Mailing Address **255 Alhambra Circle**

Suite, Apt. #, etc.

22 **12 TH Floor** 27 **12 TH Floor**

City & State

23 **Coral Gables, FL** 28 **Coral Gables, FL**

Zip Country

24 **33134** 25 Country 29 **33134** 30 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code **FL**

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President/Director
NAME	VON ALLMEN, DOUGLAS J.	1.2 NAME	Chadsey, Jack B.
STREET ADDRESS	13541 WESTON PK DR	1.3 STREET ADDRESS	255 Alhambra Circle
CITY-ST-ZIP	ST. LOUIS MO	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	AS	2.1 TITLE	V. Pres. / Director / Treas.
NAME	KAPLAN, PHILLIP G.	2.2 NAME	Petersen, Larry
STREET ADDRESS	14175 FOREST CREST DR	2.3 STREET ADDRESS	255 Alhambra Circle
CITY-ST-ZIP	CHESTERFIELD MO	2.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	D	3.1 TITLE	Secretary / Director / Asst. Treas
NAME	OLSON, BRUCE A.	3.2 NAME	Pita, George L.
STREET ADDRESS	27 CLERMONT LANE	3.3 STREET ADDRESS	255 Alhambra Circle
CITY-ST-ZIP	ST. LOUIS MO	3.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	STD	4.1 TITLE	Asst. Secretary
NAME	CRAWFORD, MARK	4.2 NAME	Marban, Marlene M.
STREET ADDRESS	801 KYLEWOOD PLACE	4.3 STREET ADDRESS	255 Alhambra Circle
CITY-ST-ZIP	BALLWIN MO 63021	4.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	P	5.1 TITLE	
NAME	CANNADY, MICHAEL D	5.2 NAME	
STREET ADDRESS	3175 SMOKEY RIDGE TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	CARMEL IN 46033	5.4 CITY-ST-ZIP	
TITLE	AVP	6.1 TITLE	
NAME	FIEGLE, JAMES R	6.2 NAME	
STREET ADDRESS	1930 LANDMARK DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	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 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 attachment with an address.

SIGNATURE: **MARLENE M. MARBAN**
ASST. SECRETARY **4/22/96 (305) 461-6100**

CR2E034 (12/95)