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 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000070283 (5)**

1. Corporation Name
BLAST EYEWEAR INC.

Principal Place of Business	Mailing Address
6835 NARCOOSEE ROAD UNIT #15 ORLANDO FL 32822	6835 NARCOOSEE ROAD UNIT #15 ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1993
3a. Date of Last Report: 07/25/1994

2. Principal Place of Business	2a. Mailing Address
21 204 Miracle Strip Pkwy	26 204 Miracle Strip Pkwy
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Ft.Walton Beach, FL	28 Ft.Walton Beach, FL
24 Zip 32548 / 25 Country Okaloosa	29 Zip 32548 / 30 Country Okaloosa

4. FEI Number: 59-3206482 ☐ 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

9. Name and Address of Current Registered Agent

KOLENTSI, GEORGE
6835 NARCOOSEE ROAD
UNIT #15
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name: George Kolentsi
82 Street Address (P.O. Box Number is Not Acceptable): 204 Miracle Strip Pkwy.
83
84 City: Ft. Walton Beach FL 85 Zip Code: 32548

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PST XXX ☐ Change ☐ Addition
NAME	KOLENTSI, GEORGE	1.2 NAME	Kolentsi, George
STREET ADDRESS	5926 BENT PINE DRIVE APT. #327	1.3 STREET ADDRESS	204 Miracle Strip Pkwy
CITY-ST-ZIP	ORLANDO FL 32822	1.4 CITY-ST-ZIP	Ft.Walton Beach, FL 32548
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: George Kolentsi April 21, 1995 (800)265-4969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062606 CP