FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 22 1998 8:00am

	1990	DIVISIONO	- COMPONATIONS	_ Secretary	or State
	on realing	0023395 (4)]	. =
STING	SUNGLASSES, INC.				
Principal Plac	ce of Business	Mailing Address			
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4543 N. PINE ISLAND RD 4543 N. PINE ISLAND RD SUNRISE FL 33351 SUNRISE FL 33351			מח		
				DO NOT WRITE IN TH 3. Date Incorporated or Qualified	HIS SPACE
				03/23/1994	
2. Principal F	Pace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0472302	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	la .	City & State		a Sharkar Compales Standing	Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	int Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
	RTAL, RAFAL		81 Name		
4543 N. PINE ISLAND RD SUNRISE FL 33351			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
30	MRIOE PE 33331		83		·
					85 Zip Code
			84 City	Ţ F	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stat	1 1 - 7	poration submits this statement for the purpos	
11. Pursuant office or ragent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State or familiar with, and accept the oblig	02 and 607.1508, Florida Stat e of Florida. Such change was jations of, Section 607.0505, I	1 1 - 7	poration submits this statement for the purpos ation's board of directors. I hereby accept the	
11. Pursuant office or r agent. I a SIGNATURE			utes, the above-named cors a authorized by the corpora Florida Statutes.	poration submits this statement for the purpos ation's board of directors. I hereby accept the	e of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (No	utes, the above-named cors authorized by the corpora Florida Statutes.	poration submits this statement for the purpos ation's board of directors. I hereby accept the	e of changing its registered appointment as registered
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SIGNATURE	Signature, typed or printed name of registered ag OFFICERS AN PT PORTAL, RAFAL	gent and title if applicable. (No	utes, the above-named cors authorized by the corpora Florida Statutes. OTE Registered Agent signature required.	poration submits this statement for the purpos ation's board of directors. I hereby accept the	e of changing its registered appointment as registered
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Sport to true and accurate and trial my signature shall have the same legal effect as if made under oath; that I am a Siee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in th an address. officer or director of the corporation or the receiver or Block 12 or Block 13 if changed, or on an attachment

SIGNATURE: