

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000024301 (1)
 1. Corporation Name
SUNGLASS HUT OF NORTHERN FRANCE, INC.



Principal Place of Business 255 ALHAMBRA CIRCLE CORAL GABLES FL 33134	Mailing Address 255 ALHAMBRA CIRCLE CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 03/29/1994	
4. FEI Number 65-0592265	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current 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	

10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PDCB <input checked="" type="checkbox"/> DELETE
NAME	CHADSEY, JACK B
STREET ADDRESS	% 255 ALHAMBRA CIRCLE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	SATD <input type="checkbox"/> DELETE
NAME	PITA, GEORGE L
STREET ADDRESS	255 ALHAMBRA CIRCLE
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	VCTD <input type="checkbox"/> DELETE
NAME	PETERSEN, LARRY
STREET ADDRESS	255 ALHAMBRA CIRCLE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	AS <input checked="" type="checkbox"/> DELETE
NAME	MARBAN, MARLENE
STREET ADDRESS	255 ALHAMBRA CIRCLE
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	VD <input type="checkbox"/> DELETE
NAME	GRUND, EDWARD L.
STREET ADDRESS	255 ALHAMBRA CIR
CITY-ST-ZIP	CORAL GABLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PDCB <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN X. WATSON
1.3 STREET ADDRESS	255 ALHAMBRA CIRCLE
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	AS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MICHAEL T. CORNELIUS
4.3 STREET ADDRESS	255 ALHAMBRA CIRCLE
4.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 any amendment with an address.

SIGNATURE:  **MICHAEL T. CORNELIUS**
 ASST SECRETARY 4/1/98 (205) 461-1100

CR2E034 (10/97)