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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000070791 (6)

SUNGLASS DISCOUNTERS, INC.

Principal Place of Business Mailing Address As3 CLEVALAND ST. #130 CLEARWATER FL #46465 33.75								
BELDARIE FL. PARTIE TO NOT WRITE IN THIS SPACE SCHERNATER FL. PARTIE TO NOT WRITE IN THIS SPACE S. Do NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified (9)27/1994 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Six Suite, Apt. #, etc. City & State Space Zop Country Zop Country Zop Country Zop Country Zop ARNOTT, GARY 433 CLEVELAND ST. #130 CLEARWATER FL. 94615 '3 3 75 5 Six State Provisions of Sections 807.0502 and 607.1508, Florids Status, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the coligations of, Section 607.0505, Florids Statuses, the exposured Agent submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the coligations of, Section 607.0505, Florids Statuses, the exposured Agent submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the coligations of, Section 607.0505, Florids Statuses, the exposured Agent submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the coligations of, Section 607.0505, Florids Statuses, the acceptation's board of directors. I hereby accept the expositioned agent and state application. Provided by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the coligations of, Section 607.0505, Florids Statuses. The corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the coligations of, Section 607.0505, Florids Statuses. Signature, proper or primary and accept the coligations of, Section 607.0505, Florids Statuses. Signature, proper or primary and accept the coligations of, Section 607.0505, Florids Statuses. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Principal Place of Business Mailing Address						RATIL TABLE JOINT 1:01 JABL	
Social Composition of Sections 807,0502 and 607,1508, Fiorida Statute, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida, Such change was authorized by the corporation's board of directors. I hereby accept the obligations of Section 807,0502 and 607,1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, in an amiliar with, and accept the obligations of, Section 607,0505, Fiorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, in an amiliar with, and accept the obligations of, Section 607,0505, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, in an amiliar with, and accept the obligations of, Section 607,0505, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, in an amiliar with, and accept the obligations of, Section 607,0505, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and amiliar with, and accept the obligations of, Section 607,0505, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and amiliar with, and accept the obligations of, Section 607,0505, Fiorida Statutes, and the current of directors. I hereby accept the appointment as registered agent, and amiliar with, and accept the obligations of, Section 607,0505, Fiorida Statutes, and the current of directors. I hereby accept the appointment as registered agent, and amiliar with, and accept the obligations of, Section 607,0505, Fiorida Statutes, and the current of directors. I hereby accept the appointment as registered agent, and amiliar with, and accept the obligations of, Section 607,0505, Fiorida Statutes, and the current of directors. I hereby accept the appoint	BLDG C-C UNIT 11 CLEARWATER FL 94915			33 33	755	DO NOT WRITE IN THIS S	PACE :	
2. Pinnipal Place of Business 2a. Mailing Address 4. FEI Number 59-3270334 Not Applicable For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. S. Certificate of Status Desired \$8.75 Additional Fee Required City & State Gilection Campaign Financing \$5.00 May Be Additional Fee Required City & State Gilection Campaign Financing \$5.00 May Be Additional Fee Required City & State Gilection Campaign Financing S5.00 May Be Added to Fees Address of Current Registered Agent 10, Name and Address of New Registered Agent ARNOTT, GARY 433 CLEVELAND ST., #130 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address of New Registered Agent Addition Ad		37756				3. Date Incorporated or Qualified	· · · · · · · · · · · · · · · · · · ·	
2. Principal Place of Business 2a. Mailing Address 59-3270334 Not Application For 21 26 Suite, Apt. #, etc. Suite, Apt						09/27/1994		
Sulle, Apt. #, etc. 23	2. Principal P	lace of Business	2a. Mailing Address				Applied For	
Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. Solution Status	21		26			59-3270334	Not Applicable	
City & State	Suite, Apt.	#, etc.	_			5. Certificate of Status Desired		
Zip Country Zip Country Zip Country R. This corporation owes or has paid the current year Intanglible Personal Property Tax due June 30. Yes No No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Na		e	City & State			6. Election Campaign Financing	\$5.00 May Be	
28 29 30 Personal Property Tax due June 30. Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ARNOTT, GARY 433 CLEVELAND ST., #130 Street Address (P.O. Box Number is Not Acceptable) Registered Agent Street Address (P.O. Box Number is Not Acceptable) Registered Agent Street Address (P.O. Box Number is Not Acceptable) Registered Agent Street Address (P.O. Box Number is Not Acceptable) Registered Agent Street Address (P.O. Box Number is Not Acceptable) Registered Agent Registered Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Registered Agent Registered Agent Registered Agent Registered Registered Agent Registered Registe	23		28					
9. Name and Address of Current Registered Agent ARNOTT, GARY 433 CLEVELAND ST., #130 CLEARWATER FL 34645 3 3 7 5 5 11. Pursuant to the provisions of Sections 807.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 arm lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, i arm lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE TITLE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE P OFFICERS AND DIRECTORS 13. STREET ADDRESS CITY-ST-ZIP TITLE VP OELETE 1.1 TITLE OELETE 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP CLEARWATER FL OELETE 1.3 STREET ADDRESS CITY-ST-ZIP TITLE OELETE 1.3 TITLE OELETE 2.4 CITY-ST-ZIP TITLE OELETE 1.5 TITLE OELETE Change Addition Addition Addition Addition Addition AGITY-ST-ZIP TITLE OELETE 3. TITLE OELETE Change Addition AGITY-ST-ZIP TITLE OELETE 4.1 TITLE OELETE ADDITIONS (CHANGES OF New Registered Agent Addition) ACCITY-ST-ZIP TITLE OELETE ADDITIONS (CHANGES OF New Registered Agent Addition) ACCITY-ST-ZIP TITLE OELETE ADDITIONS (CHANGES OF New Registered Agent Addition) ACCITY-ST-ZIP TITLE OELETE ADDITIONS (CHANGES OF New Registered Agent Addition) ACCITY-ST-ZIP TITLE OELETE ADDITIONS (CHANGES OF New Registered Addition) ACCITY-ST-ZIP TITLE OELETE ADDITIONS (CHANGES OF New Registered Addition) ACCITY-ST-ZIP TITLE OELETE ADDITIONS (CHANGES OF New Registered Addition) ACCITY-ST-ZIP TITLE OELETE ADDITIONS (CHANGES OF New Registered Addition) ACCITY-ST-ZIP TITLE	Zip	Country	Zip	Cou	intry	8. This corporation owes or has paid the curre	ent year Intangible	
ARNOTT, GARY 433 CLEVELAND ST., #130 CLEARWATER FL 34615 3 3 75 5 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 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, or a cecept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or printed name or registered agent and site if applicable. (INOTE. Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE P DELETE 1.1 TITLE ARNOTT, GARY 1.2 NAME SIRRET ADDRESS CIEARWATER FL 1.4 CITY-ST-2IP TITLE VP Addition CHANGE 1.3 SIRRET ADDRESS CLEARWATER FL 1.4 CITY-ST-2IP TITLE 1.5 Change Addition Change Addition Change Addition Addition Addition Addition Addition Addition Addition DELETE 1.1 TITLE Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition	24	25	29	30		Personal Property Tax due June 30.	Yes No	
ARNOTT, GARY 433 CLEVELAND ST., #130 CLEARWATER FL 94645 3 3 755 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 City FL 85 Zip Code 88 Zip Code 89 City FL 80 Zip Code 89 City FL 80 Zip Code FL 80 Zip Co		 Name and Address of Curren 	t Registered Agent			10. Name and Address of New Registered A	gent	
CLEARWATER FL 34645 3 3 75 5 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 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, 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, 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 with a manual state of Florida Statutes, for agent and site if applicable. SIGNATURE Signature, typed or printed neme of registered agent and site if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P DELETE 1.1 TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition	ARNOTT, GARY				81 Name			
CLEARWATER FL 34645 3 3 75 5 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 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, 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, 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 with a manual state of Florida Statutes, for agent and site if applicable. SIGNATURE Signature, typed or printed neme of registered agent and site if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P DELETE 1.1 TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition	• • • • • • • • • • • • • • • • • • • •				93 Street Ade	trace (R.O. Ray Number in Not Assessable)		
R83 R84 City FL R85 Zip Code					GZ Street Add	tress (F.O. Box Nutriber is not Acceptable)		
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 site if applicable. (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P DELETE 1.1 TITLE ARNOTT, GARY 12. NAME STREET ADDRESS 433 CLEVELAND ST 130 CLEARWATER FL 14. CITY-ST-ZIP TITLE VP DELETE 2.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CLEARWATER FL DELETE 3.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition Change Addition	1				83			
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 site if applicable. (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P DELETE 1.1 TITLE ARNOTT, GARY 12. NAME STREET ADDRESS 433 CLEVELAND ST 130 CLEARWATER FL 14. CITY-ST-ZIP TITLE VP DELETE 2.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CLEARWATER FL DELETE 3.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition Change Addition								
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 SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P NAME ARNOTT, GARY STREET ADDRESS CITY-SI-ZIP TITLE VP DELETE 1.4 CITY-SI-ZIP TITLE VP DELETE 2.1 TITLE VP Change Addition Addition NAME STREET ADDRESS CITY-SI-ZIP CLEARWATER FL DELETE 3.1 TITLE Change Addition NAME STREET ADDRESS CITY-SI-ZIP DELETE 3.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY-SI-ZIP TITLE DELETE 3.1 TITLE Change Addition Change Addition Addition Change Addition Addition NAME STREET ADDRESS CITY-SI-ZIP TITLE DELETE 3.1 TITLE Change Addition Change Addition Change Addition Addition Change Addition Addition AME STREET ADDRESS CITY-SI-ZIP TITLE DELETE 3.4 LITY-SI-ZIP TITLE DELETE ALTITLE Change Addition					84 City	FL	85 Zip Code	
Signature, typed or printed name of registered agent and litle if applicable. (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITITLE P	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							
Signature, typed or printed name of registered agent and litle if applicable. (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P DELETE 1.1 TITLE 1.2 NAME ARNOTT, GARY 433 CLEVELAND ST 130 CITY-ST-ZIP TITLE VP DELETE 1.4 CITY-ST-ZIP TITLE VP DELETE 2.1 TITLE 1.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 1.2 NAME 3.2 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.4 CITY-ST-ZIP TITLE DELETE Addition DELETE Addition	SIGNATURE							
TITLE				. Registere	d Agent signature requ			
NAME				_				
STREET ADDRESS 433 CLEVELAND ST 130 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TITLE		☐ DELETE	1.1 TI	TLE	1	☐ Change ☐ Addition	
CITY-ST-ZIP	NAME			1.2 N	4ME		[;	
TITLE VP	STREET ADDRESS	+ 		1,3 5	TREET ADDRESS		ļ ģ	
NAME GENI SMOUSE 1134 N. PINE, STREET, #3 2.3 STREET ADDRESS CLEARWATER FL 2.4 CITY-ST-ZIP CLEARWATER FL DELETE 3.1 TITLE Change Addition Add	CITY-ST-ZIP			1.4 C	TY+ST-ZIP			
STREET ADDRESS 1134 N. PINE, STREET, #3 2.3 STREET ADDRESS CLEARWATER FL 2.4 CITY-ST-ZIP	TITLE	VP .	☐ DELETE	2.1 Ti	TLE		🔲 Change 🔲 Addition 🕻	
CITY-ST-ZIP CLEARWATER FL 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 DELETE 4.1 TiTLE Change Addition	NAME	geni smouse		2.2 N	VME .		}	
TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City-ST-ZIP 3.4. City-ST-ZIP TITLE DELETE 4.1 TiTLE Change Addition	STREET ADDRESS	1134 N. PINE, STREET, #3		2.3 ST	REET ADDRESS	h e	+	
NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City-St-ZiP 3.4 City-St-ZiP TITLE DELETE 4.1 Title Change Addition	CITY-SY-ZIP	CLEARWATER FL		2.40	ITY-ST-ZIP			
STREET ADDRESS 3.3 STREET ADDRESS	TITLE		DELETE	3.1 Ti	TLE		Change Addition	
CiTY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TiTLE Change Addition	NAME			3.2 N	AME			
CiTY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TiTLE Change Addition	STREET ADDRESS			3.3 5	REET ADDRESS			
TITLE DELETE 4.1 TiTLE Change Addition					. 1			
			DELETE				Change Addition	
	1				1		· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS 4.3 STREET ADDRESS .					-			

14. Thereby certify that the information supplied with his filing coes 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 should 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 empoyered 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 argentian truth an address.

SIGNATURE:

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5,4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

NAME

DELETE

■ DELETE

FILED

Jan 23 1998 8:00am

Secretary of State

☐ Change

Change

Addition