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

PROFIT CORPORÀTION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9500005831 (9)

SUNGLASS PALACE, INC.



								38 14 38 11 88181 8			
Principal Place of Business Mailing Address											
3831 W. VIN KISSIMMEE		3831 W. VINE STREET KISSIMMEE FL 34741									
2 Dringley D			********				3. Date Incorporated or Qualified 01/24/1995	3a. Date of	Last F	leport	
2. Principal P	face of Business	2a. Mailing	Address				4. FEI Number	. /	TT	Applied For	
Suite, Apt. #, etc.		26					65-054702	Ψ		Not Applicable	
22		F	Suite, Apt. #, etc.				5. Certificate of Status Desired	П \$	8.75	Additional	
City & State		·	City & State				Fee Required				
23		F1 '	28				6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Added to Fees				
Zip	Country	Zip -		Country	 V					d to Fees	
24	25	29		30	,		Florida Statutes Yes	ntangible tax ur No	nder s	199.032,	
	9. Name and Address of Curren	t Registered Ag	jent				10. Name and Address of New Re		nt		
	4			81		Name					
	A, NUR MOHD.			82	+-	Street Address (P.O. Box Number is Not Acceptable)					
′13813 F	IUNT WICK DRIVE			83	Ĺ						
OKLANI	DO Fl _f 32837				1						
•	•			84	+	City		8:	e 7	Code	
11. Pursuant	to the provisions of Sections 607.0502 ed agent, or both, in the State of Floric	and 607 1508. F	Iorida Statutas	the above	Ţ	rued com-			'		
or register familiar wi	ed agent, or both, in the State of Floric th, and accept the obligations of, Section	a. Such change	was authorized	by the com	or	ation's board	on submits this statement for the purp of directors. I hereby accept the appoi	iose of changin Atment as regis	ig its ri stered	egistered office agent. Lam	
SIGNATURE	y sales of the congent of the control of the contro	on 607.0303, 110	nua statutes.				•			-gorial russi,	
	Signature, typed or printed name of registered agent a	and title if applicable	(NOTE	Registered Age:	1: 5	ignature recurred wi	her reinstation	DATE		***************************************	
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFIC		FCTO	RS IN 12	
1ITLE	D DAGABU AND		DELETE	1 1 TH'LE				☐ Ch		Addition	
NAME STREET ADDRESS	BASARIA, NUR MOHD.			1.2 NAME		İ					
CITY-ST-ZIP	13813 HUNT WICK DRIVE ORLANDO FL 32837			1.3 STREET	ΑE	DDRESS					
TITLE	ONDANDO PL 32837		DELETE	1.4 CITY-S	1-1	ŽIP					
NAME			DELFTE.	2 1 TITLE				□ Ch.	ange	☐ Addition	
STREET ADDRESS				2.2 NAME							
CITY-ST-ZIP				23 STREET							
TITLE			DELETE	2 4 CITY - S	1 - 2	ZIP					
NAME		LJ	•	3 2 NAME	-			☐ Cha	ange	Addition	
STREET ADDRESS				3.3 STREET	Αſ	DDRESS				i	
CITY-ST-ZIP				3 4 CITY - SI							
TITLE	· · ·		DELETE	4. 1 TITLE				Cha	anne -	-Addition	
NAME		•		4.2 NAME			8000)** [,	Addition	
STREET ADDRESS				4.3 \$19661	AĐI	DRESS	-U6/U7/1 	360100	مسالح سيسالح	903 90 00	
CITY-ST-ZIP TITLE				4.4 CITY - SI	- Z	OF	####ZLLL	.00 ***	9.5.21	III. UU	
NAME			DELETE	5. 1 TITLE				☐ Cha	nge	☐ Addition	
_STREET ADDRESS				5.2 NAME							
CITY-ST-ZIP				5.3 STREET A						Í	
TITLE			DELETE	5.4 CITY - ST	- 7	P					
NAME		ا ا	VELU II	6 1 TITLE		1		☐ Cha	nge	Addition	
STREET ADDRESS				62 NAME		NDF-00			11		
CITY-ST-ZIP				63 STHEET A				()	$\mathbf{V}_{\mathbf{A}}$	1/9/9	
14 Ldo bereby	cortify that the information			6.4 C/TY-ST	- Zı	P		•		(V) V	

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 Statute. 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MEMOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

96 409.932-7600