


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

FILED

Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P95000031602 <b>1. Corporation Name</b> Blinde Eyewear, Inc. dba Blinde Optics					
<b>Principal Place of Business</b>			<b>Mailing Address</b>		
35 W. Pine Street #225			Orlando, FL 32801		
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4/19/95	
22 City & State		27 City & State		<b>3a. Date of Last Report</b> 03/01/96	
23 Zip		28 Zip		<b>4. FEI Number</b> 59-3311346	
24 Country		29 Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b>			<b>10. Name and Address of New Registered Agent</b>		
Rachelle Walker 35 W. Pine Street #225 Orlando, FL 32801			<del>81 Name</del> <del>82 Street Address (P.O. Box Number is Not Acceptable)</del> <del>83</del> <del>84 City</del> FL <del>85 Zip Code</del>		
<b>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.</b>					
<b>SIGNATURE</b> (NOTE: Registered Agent's signature required when reinstating) <b>DATE</b>					
<b>12. OFFICERS AND DIRECTORS</b>					
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
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					
800002144428 -04/18/97--01004--033 ***165.00					
<b>14. I do 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, changed, or on an attachment with an address.</b>					
<b>SIGNATURE:</b> Paul Walker SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 3/31/97 Daytime Phone: #					

CR2E034 (9/96)