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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Socretary of State DIVISION OF CORPORATIONS

Apr 07 1998 8:00am Sandra B. Mortham Secretary of State

FILED

POCUMENT # P95000031602 (2) BLINDE EYEWEAR, INC. Principal Place of Business Mailing Address 35 W. PINE STREET #225 35 W. PINE STREET #225 **CREANDO FL 32801** ORLANDO FL 32801 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/19/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3311346 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WALKER, RACHELLE 35 W. PINE STREET #225 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32808 83 City 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE INOTE Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELFTE 1.1 TITLE Change Addition WALKER, RICHARD NAME 1.2 NAME 734 JEFFERSON AVENUE #7 STREET ADORESS 1.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 1.4 CITY - ST-ZIP DEFETE TITLE Channe Addition 21 TITLE NAME WALKER, RACHELLE 2.2 NAME STREET ADDRESS 35 W. PINE STREET #225 23 STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-\$1-ZIP

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 employees to execute this report as prouting by Chapter 607, Florida Statutes; and that my name appears in Ricck 12 or Block 13 if chapter 607 or on an alterburgation and officer.

SIGNATURE: