

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000088650 (2)

1. Corporation Name
TREASURE ISLAND SUNGLASS SHOPS, INC.

Principal Place of Business
2900 W. SAMPLE RD.
POMPANO BEACH FL 33073

Mailing Address
2900 W. SAMPLE RD.
POMPANO BEACH FL 33073

FILED

97 SEP -8 AM 11:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 2900 W. SAMPLE RD.		26 2900 W. SAMPLE RD.		10/28/1996			
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 POMPANO BEACH, FL.		65-0731327		Not Applicable	
24 Zip		29 33073		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 BROWARD		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FILING, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132				81 Name SAMUEL F. CARLIONE			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				2300 W. SAMPLE RD.			
				83 #300			
				84 City POMPANO BEACH FL 85 Zip Code 33073			

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 SAMUEL F. CARLIONE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0 NASSIF, DAVID	1.1 TITLE	
NAME	2900 W. SAMPLE RD.	1.2 NAME	
STREET ADDRESS	POMPANO BEACH FL 33073	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: Y

SIGNATURE REQUIRED

CR2E034 (4/97)

TREASURE ISLAND SUNGLASS SHOPS 2-2
INC

FEI # 65-0731327

PLEASE CHANGE ADDRESS

MAIL WILL NOT DELIVER TO:

< 2900 W. SAMPLE RD.
Pompano Bch, fl. 33073

CHANGE TO

< 2300 W SAMPLE RD #300
Pompano Bch, fl. 33073

I JUST RECEIVED THIS
FORM ON THIS WEEK!!

THANK YOU

DAVID NASSIF

