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Mar 04, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000003499

1. Corporation Name

EXCEL EYEWEAR CORP.



Principal Place of Business

2 NE 40TH STREET
SUITE 300
MIAMI FL 33137
US

Mailing Address

2 NE 40TH STREET
SUITE 300
MIAMI FL 33137
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1997

4. FEI Number

65-0720978

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 2505 NW 2ND Ave

Suite, Apt. #, etc.

22 6

23 Boca Raton FLA

24 33431 25 U.S.

2a. Mailing Address

26 2505 NW 2ND Ave

Suite, Apt. #, etc.

27 6

28 Boca Raton FLA

29 33431 30 U.S.

9. Name and Address of Current Registered Agent

SOMMER, ROBERT
2 NE 40TH STREET
SUITE 300
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2505 NW 2ND Ave

83 Suite #6

84 City Boca Raton FL

85 Zip Code 33431

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BAUM, MICHAEL A
STREET ADDRESS 2 NE 40TH STREET, SUITE 300
CITY-ST-ZIP MIAMI FL 33137

TITLE ☒ DELETE
NAME SOMMER, ROBERT
STREET ADDRESS 2 NE 40TH STREET, SUITE 300
CITY-ST-ZIP MIAMI FL 33137

TITLE V
NAME LEBSON, MURRAY
STREET ADDRESS 2 NE 40TH STREET, SUITE 300
CITY-ST-ZIP MIAMI FL 33137

TITLE SD
NAME SOMMER, LESLIE L
STREET ADDRESS 2 NE 40TH STREET, SUITE 300
CITY-ST-ZIP MIAMI FL 33137

TITLE TD
NAME BAKM, ENID
STREET ADDRESS 2 NE 40TH STREET, SUITE 300
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE President
2.2 NAME Sommer, Robert
2.3 STREET ADDRESS 2505 NW 2ND Ave #6
2.4 CITY-ST-ZIP Boca Raton FL 33431

3.1 TITLE Vice President
3.2 NAME Leigh Sommer
3.3 STREET ADDRESS 2505 NW 2ND Ave #6
3.4 CITY-ST-ZIP Boca Raton FL 33431

4.1 TITLE Vice President
4.2 NAME CRAIG Sommer
4.3 STREET ADDRESS 2505 NW 2ND Ave #6
4.4 CITY-ST-ZIP Boca Raton FL 33431

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Sommer

3/1/99

561-347-8440

Date

Daytime Phone #

CR2E034 (11/98)