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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000074287 (8)

C & C EYEWEAR, INC.

## **FILED** Apr 15 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		- TOURINGON THE FRONT FRONT BROWN SHALL BROWN SHIP STATE FRONT FRONT FRONT FRONT FRONT FRONT FRONT FRONT FRONT
1634 MAIN S BARASOTA F		1634 MAIN ST. Sarasota FL 34236		DO NOT WRITE IN THIS SPACE
İ				3. Date Incorporated or Qualified
2. Primipal P	lace of Business)	/ 2a. Making Address _		08/25/1997 4. FEI Number Applied For
21 935	N. Denevo Ra	26 PO 1501 33	319	4. Fel Number   Applied For   Not Applicable
Suite, Apt.	#, etc. #1.0 01	Suite, Apt. #, etc.		\$9.75 Additional
22	1609-24	27		5. Certificate of Status Desired Fee Required
23 City & Stale	9504a 11	28 Daraso 4		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24 ZIP 342	32 Country SA	29 34230 3	Country US	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
<u> </u>	9. Name and Address of Currer		1 40	10. Name and Address of New Registered Agent
FAMIQUO, GEORGE V JR				)
	34 MAIN ST.		82 Street	t Address (P.O. Box Number is Not Acceptable)
SAI	<b>RASO</b> TA FL 34236			
			83	
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named	d corporation submits this statement for the purpose of changing its registered
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 the group obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE SIGNATURE (NOTE Registered Agent signature required when reinstating)  DATE				
12.		D DIRECTORS /	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1'
TITLE	0	<b>☑</b> DELET <b>E</b>	1.1 TITLE	
NAME	<b>ASTRONSKAS, CATHERINE</b>		1.2 NAME	W. CHARLES KLEIN # 1009-210
STREET ADDRESS	1634 MAIN ST.		1.3 STREET ADDRESS	PSTD (Change L. Addition W. CHARLES KLEIN) W. CHARLES KLEIN (Change L. Addition ) 935 N. Beneva Rd #609-26 SACASOTA FL 34232
CITY-ST-ZIP	SARASOTA FL 34236		1.4 CITY-ST-ZIP	VALASOTA FL 34232
TITLE		L) DELETE	2.1 TITLE	☐ Change ☐ Addition ☐
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	-	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST- ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELÉTE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		Dr. Ptr	5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS		į	6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - 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 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.