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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000077605**1. Corporation Name

**FXTREME EYEWEAR, INC.** 

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Pri	ncipal Place	of Business	Mailing Address	s			- I NUMBIUDI INU BUR				8 5 1 6 1 8 1 1 1 1 8 5 1
398 CAMINO GARDENS BLVD. SUITE 110 398 CAMINO GARDENS BLVD. SUITE 110											
BOCA RATON FL 33432 BOCA RATON FL 33432				L 33432		DO NOT WRITE IN THIS SPACE			SPACE		
		· · · · · ·			,		3. Date Incorporated 09/08/1997	or Qualifed			
2.	Principal PI	ace of Business	2a. Mailing Add	tress			4. FEI Number	· · · · · · · · · · · · · · · · · · ·		A	oplied For
21		<del></del>	26				65-0783149			N-	ot Applicable
22	Suite, Apt.	#, etc.	Suite, Apt. #	#, etc.			5. Certifcate of Status	s Desired		<b>.</b>	Additional equired
23	City & State	•	City & State	9		-	6. Election Campaign				May Be to Fees
	Zip	Country 25	Zip 29	30	Country	•••	8. This corporation of Personal Property		ent year Int	angible	<b>₽</b> No
24		9. Name and Address of Curren			-		10. Name and Addre		Registered	Agent	•
<u> </u>		3. Italia and Addition of Salary			81 Na	ime					
		CKMAN, NEIL CAMINO GARDENS BLVD.			82 St	reet Addre	ess (P.O. Box Number is	Not Accept	able)	-	
		E 110			83						
		A RATON FL 33432								<del></del>	
	1.5				<b>84</b>   Cit	ty			CI	85  Zip	Code
}		· .								<u> </u>	
	office or re agent. I ar SNATURE	to the provisions of Sections 607.050: agistered agent, or both, in the State in familiar with, and accept the obligat	of Flonda. Such cha- tions of, Section 607	inge was authori 7.0505, Florida S	ized by the G Statutes.	corporation	n's board of directors. I r	ment for the nereby acce	purpose of pt the appoi	changing its	s registered egistered
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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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

. QUIKED NAME OF SIGNING OFFICER OR DIRECTOR

561 750 8849

Addition

Change