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

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90258 031 ***150.00

DOCUMENT # P98000071746

1. Corporation Name

SUNGLASS STOP INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2232 TONIWOOD LANE PALM HARBOR FL 34685	2232 TONIWOOD LANE PALM HARBOR FL 34685

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
08/17/1998

2. Principal Place of Business 21	1775 SPLIT FORK DRIVE OLDSMAR FL 34677	2a. Mailing Address 26	1775 SPLIT FORK DRIVE OLDSMAR FL 34677

4. FEI Number 91-1706348 — Applied For / Not Applicable

Suite, Apt. #, etc. 22 — 27

5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required

City & State 23 — 28

6. Election Campaign Financing ☐ Trust Fund Contribution — $5.00 May Be Added to Fees

Zip 24 — Country 25 — Zip 29 — Country 30

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BOLSTER, JOHN
2232 TONIWOOD LANE
PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

81	Name	BOLSTER, JOHN
82	Street Address (P.O. Box Number is Not Acceptable)	1775 SPLIT FORK DRIVE
83		
84	City OLDSMAR	FL	85 Zip Code 34677

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 _(signed)_ JOHN BOLSTER SEC/TREAS 1/21/99
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 NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P CLINT BEZEAU 1775 SPLIT FORK DRIVE OLDSMAR FL 34677	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V/T/S/M JOHN BOLSTER 1775 SPLIT FORK DRIVE OLDSMAR FL 34677	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: _(signed)_ JOHN BOLSTER 1/21/99 813 8149585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)