FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # F9500005992 (1)
1. Corporation Name

ESSILOR TECHNOLOGIES OF AMERICA, INC.								
Principal Place	of Business	Mailing Address			Limmings terf efter mitte Ebiet Mffitt f	8134 6 0311 4010	1 BING IS	110 10119 1101 1001
2400 118TH AVE N ST PETERSBURG FL 33716		2400 118TH AVE N ST PETERSBURG FL 39716						
					3. Date incorporated or Qualified 12/08/1995	3a. Date		t Report
Principal Place of Business The Place of Business The Place of Business		2a. Mailing Address 26		4. FEI Number 59-329 APPLIED FOR	Applied For Not Applicable			
Suite, Apt. #, etc		Sute, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	···	City & State			Election Campaign Financing Trust Fund Contribution			.00 May Be Ided to Fees
Zip 24	Country 25	Ζ ₁ ρ 29	Country 30		8. This corporation has liability for in Florida Statutes 🔣 Yes	_	x unde	rs 199.032,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered	Agent	
			81 N	erne				
	PORATION SYSTEM		82 St	reet Addre	ess (P.O. Box Number is Not Acceptab	le)		
	UTH PINE ISLAND ROAD		<u></u>					
PLANTAT	10N FL 33324		83					
			84 C	ly			85	Zip Code
		·		·		FL	.	,
Or register	o the provisions of Sections 607,0502 a ad agent, or both, in the State of Florida th, and accept the obligations of, Sectio	L SHCE CHANGE Was author.	zect by the corocrat	ed corpore on's board	thion submits this statement for the pur d of directors. Theraby accept the appli d	pose of cha pintment as	inging it register	:s registered office red agent. I am
SIGNATURE _								
12.	Signature, by editor production end remembers about a OFFICERS AND		o ¹ L freg detect Agest styr. ■ 13.	after required	ADDITIONS/CHANGES TO OFFI	DATE OF AND	DIDEC	T000 #140
TOTLE	DS OFFICERS AND	DELETE	1 1 1/4		ADDITIONS/OFFINGES TO OFFI		1 Chang	
NAME	D'ORVAL, CYRIL	beccie	1.2 NAME			L	7 primiré	te Noncou
STREET AGORESS	2400 118TH AVE N		1.3 STREET A00	oree				
CITY - ST - ZIP	ST PETERSBURG FL 33716		14 C/TY-ST-ZF					
THE	D	□ DELETE	2 1 TITLE			г	7 Chanc	e ∏ Addilion
NAME	STOERR, JACQUES	-	2.2 NAME			_	7 006	V D result
STREET ADDRESS	2400 118TH AVE N		2 3 STREET ADDI	ess				
CITY-ST-ZIP	ST PETERSBURG FL 33716		2 4 CHY-ST ZIE					
TITLE	D	☐ DELETE	3 1 7 (1) (Chang	e 🔲 Addition
NAME	PIERRÉ, ALAINE		3.2 NAME	Ì			_	
STREET ADDRESS	2400 118TH AVE N		3.3 STREET ADD	RESS				
CITY-ST-ZIP	ST PETERSBURG FL 33716		3 4 CiTy - S1 - Ziñ					
TITLE	Р	DELETE	4.1 Till_F				Chang	je 🔲 Addition
NAME	SMITH, WARREN		4.2 NAME					_
STREET ADDRESS	2400 118TH AVE N		4.3 STREET ADDR	iess				
CITY - ST - ZIP	ST PETERSBURG FL 33716		4.4 CI*Y S1 ZIP					
THTLE	S	⊠ DELETE	5 1 10UE	V	P+CFO]	Chang	je 🔀 Addition
NAME	O'KEEFE, MICHAEL		5.2 NAMÉ	50	ton Joni 100 11842 Ave N			
STREET ADDRESS	2400 118TH AVE N		5.3 STRE: 1 ADDA	ESS DL	100 1184L AVE N			
CITY-ST-ZIP	ST PETERSBURG FL 33716		5.4 Crty ST-ZiP	57	Peterspurg FL 3	3716		
TITLE		☐ DELETE	6 1 THEF] Chang	e 🔲 Addition
NAME			6.2 NAME					
STREET ADDRESS			63 STREET ADDA	ESS				
CITY-ST-ZIP		,	6.4 CITY - \$1 - ZIP	L				
oath; that I	certify that the information supplied wit the information indicated on this annual am an officer oldirector of the disposa Block 12 or Block 13 if changed, or or	report or supplemental ann Non∟or the receiver o⊬ trust∈	Hial report is true an e empowered to ex	id accurate	e and that my sematera shall have two i	eama lagatu	affact as	e if made under

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: __

4/26/96 Bayme Place