FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F95000005992 (1)**

1. Corporation Name
ESSILOR TECHNOLOGIES OF AMERICA, INC.

Principal Place of Business	Mailing Address
2400 118TH AVE N ST PETERSBURG FL 33716	2400 118TH AVE N ST PETERSBURG FL 33716-1917

3. Date Incorporated or Qualified: 12/08/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 477 Commerce Blvd.
22 Suite, Apt. #, etc:
23 City & State: Oldsmar, FL
24 Zip: 34677
25 Country: USA

2a. Mailing Address
26 477 Commerce Blvd.
27 Suite, Apt. #, etc.
28 City & State: Oldsmar, FL
29 Zip: 34677
30 Country: USA

4. FEI Number: 59-3294787 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	D'ORVAL, CYRIL		1.2 NAME		
STREET ADDRESS	2400 118TH AVE N		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33716		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STOERR, JACQUES		2.2 NAME		
STREET ADDRESS	2400 118TH AVE N		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33716		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PIERRE, ALAINE		3.2 NAME		
STREET ADDRESS	2400 118TH AVE N		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33716		3.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	4.1 TITLE	P	☐ Change ☒ Addition
NAME	SMITH, WARREN		4.2 NAME	Daniel J. Teeters	
STREET ADDRESS	2400 118TH AVE N		4.3 STREET ADDRESS	477 Commerce Blvd.	
CITY-ST-ZIP	ST PETERSBURG FL 33716		4.4 CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	VCFO	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHON, JONI		5.2 NAME		
STREET ADDRESS	2400 118TH AVE N.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 added on an attachment with an address.

SIGNATURE: Daniel J. Teeters REQUIRED Daniel J. Teeters 4-22-97 813-891-8551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #