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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # H51404

1. Corporation Name

(2)

COHEN'S FASHION OPTICAL OF POMPANO, INC.

Principal Place of Business

SIGNATURE

Mailing Address

336 ATLANTIC AVE EAST ROCKAWAY NY 11518

336 ATLANTIC AVE EAST ROCKAWAY NY 11518 FILED

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SECRETARY OF STATE
TAILAHASSEE, FLORIDA

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									3. Date Inc 04/0	orporated o 9/1985	r Qualified		te of Last I 01/26/1	
2. Principal Place of Business				2a. Mailing Address					4. FEI Num					
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Suite, Apt. #, etc.				Suite, Apt. #, etc.						2111010	<u> </u>			Not Applicable
				27					5. Certifica	te of Status	Desired		•	5 Additional Required
City & State				City & State					6. Election	Campaion F	inancino			O May Be
23				28					1	nd Contribu				od to Fees
Z ip		Щ:		Country			8. This con	poration has	liability for i	ntangible				
24	25	29						Florida S			□No		-	
	9. Name and Ac	dress of Current	Registe	red Agent					10. Name a	nd Addres	s of New R	egistered	Agent	
						81	Na	ame						
CAPITAL CONNECTION, INC.								root Addro	et Address (P.O. Box Number is Not Acceptable)					
417 EAST VIRGINIA STREET, SUITE 1							82 Street Address (P.O. Box Number is Not Acceptable)							
TALLAH	iassee fl 32301					83								
						-	<u>~</u> .		· · · · · · · · · · · · · · · · · · ·					
						84	Cit	•				FL	F 1	ip Code
 Pursuant to or registere 	o the provisions of S ed agent, or both, in th, and accept the ob-	ections 607.0502 the State of Florid	and 607. a. Such d	1508, Florida Statute	es, the a	bove-r	ame	ed corporat	tion submits th	is statement	for the pur	pose of ch	anging its	registered office
	h, and accept the ob	digations of, Section	on 607.05	505, Florida Statutes				5,10 500.0	or directors.	no ocy acce	apriline appri	ALLO HELL E	s registere	agent. i em
SIGNATURE	Signature, typed or printed n	ame of registered agent a	nd title il and	licable (NO	TF: Registe	red Anen	Pinne	the marked	when reinstating!					
12.		OFFICERS AND			13		. bry c	itura racjuraci e		NS/CHANG	ES TO OFFI	DATE CEDS AND	DIDECT	ODC IN 40
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14. I do hereby	certify that the information indica	nation supplied wit	h this filir	na is valuntarily furnic	shoot and	CITY-ST	501	ouglify for f	the everetic	alabad !- C:	\mathcal{K}	<u> </u>	1-10	P
oath; that I	the information indica am an officer or dired Block 12 or Block 13	ctor of the corporal	tion or th	e receiver or frustee	emport	is true ered to	anc exe	accurate :	and that my sign eport as require	stated in Se gnature shal ed by Chapt	iction 119.0 I have the ster 607, Flor	/(3)(k), Flo ame legal ida Statuti	rida Statut effect as if es: and the	es. I further made under t my name