

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

FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H51404** (2)
1. Corporation Name
COHEN'S FASHION OPTICAL OF POMPANO, INC.



Principal Place of Business 336 ATLANTIC AVE EAST ROCKAWAY NY 11518 US	Mailing Address 336 ATLANTIC AVE EAST ROCKAWAY NY 11518 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1500 HEMPSTEAD TPK Suite, Apt. #, etc. 22 City & State 23 EAST MEADOW N.Y Zip 24 11534		2a. Mailing Address 26 1500 HEMPSTEAD TPK Suite, Apt. #, etc. 27 City & State 28 EAST MEADOW N.Y Zip 29 11534 Country 30 USA		3. Date Incorporated or Qualified 04/09/1985
		4. FEI Number 11-2777910		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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent

**CAPITAL CONNECTION, INC.
417 EAST VIRGINIA STREET, SUITE 1
TALLAHASSEE FL 32301**

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

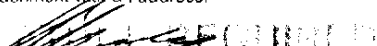
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, ROBERT	1.2 NAME	
STREET ADDRESS	1500 HEMPSTEAD TPK	1.3 STREET ADDRESS	
CITY-ST-ZIP	EAST MEADOW NY 11554	1.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, ALAN	2.2 NAME	
STREET ADDRESS	1500 HEMPSTEAD TPK	2.3 STREET ADDRESS	
CITY-ST-ZIP	EAST MEADOW NY 11554	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STEINFELD, ANITA	3.2 NAME	
STREET ADDRESS	1500 HEMPSTEAD TPK	3.3 STREET ADDRESS	
CITY-ST-ZIP	EAST MEADOW NY 11554	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE:



2/23/98

CR2E034 (10/97)