

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M35245** (3)

1. Corporation Name  
**LENS EXPRESS, INC.**



Principal Place of Business: **350 S.W. 12TH AVE. DEERFIELD BEACH FL 33442**  
Mailing Address: **350 S.W. 12TH AVE. DEERFIELD BEACH FL 33442**

3. Date Incorporated or Qualified: **07/16/1986**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2716440**  
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

2. Principal Place of Business: 21 Subd., Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 Subd., Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

**9. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

**10. Name and Address of New Registered Agent**

81 Name: **NRAI Services, Inc.**  
82 Street Address (P.O. Box Number is Not Acceptable): **526 East Park Ave.**  
83  
84 City: **Tallahassee** FL 85 Zip Code: **32301**

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: *Joye Markley* Asst. Secretary DATE: **2/21/96**

**12. OFFICERS AND DIRECTORS**

11.1 TITLE	<b>P</b> <input type="checkbox"/> DELETE
11.2 NAME	<b>O'NEILL</b>
11.3 STREET ADDRESS	<b>2760 NE 52ND ST.</b>
11.4 CITY-STATE-ZIP	<b>LIGHTHOUSE PT. FL</b>
11.5 TITLE	<b>STM</b> <input type="checkbox"/> DELETE
11.6 NAME	<b>AKDAG, MENDERES</b>
11.7 STREET ADDRESS	<b>298 NE 6TH ST.</b>
11.8 CITY-STATE-ZIP	<b>BOCA RATON FL</b>
11.9 TITLE	<b>D</b> <input type="checkbox"/> DELETE
11.10 NAME	<b>OMBRES, RICHARD MD</b>
11.11 STREET ADDRESS	<b>1000 N OLIVE AVENUE</b>
11.12 CITY-STATE-ZIP	<b>W PALM BEACH FL</b>
11.13 TITLE	<b>C</b> <input type="checkbox"/> DELETE
11.14 NAME	<b>GOLAN, MORDECHAI</b>
11.15 STREET ADDRESS	<b>7792 TRAVELERS TREE DR.</b>
11.16 CITY-STATE-ZIP	<b>BOCA RATON FL</b>
11.17 TITLE	<b>D</b> <input type="checkbox"/> DELETE
11.18 NAME	<b>YESIL, MUSTAFA</b>
11.19 STREET ADDRESS	<b>7-8 KISIM A-30-A DAIRE 24 ATAKAY</b>
11.20 CITY-STATE-ZIP	<b>ISTANBUL TU</b>
11.21 TITLE	<b>D</b> <input type="checkbox"/> DELETE
11.22 NAME	<b>KIZANLIKLI, HUSEYIN</b>
11.23 STREET ADDRESS	<b>7-8 KISIM A-30-A DAIRE 24 ATAKAY</b>
11.24 CITY-STATE-ZIP	<b>ISTANBUL TU</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	<b>400001720054</b>
13.8 CITY-STATE-ZIP	<b>-02/21/96--01011--006</b>
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	<b>***200.00</b>
13.12 CITY-STATE-ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Markley* Akdag, Menderes DATE: **1-22-96** **305-421-5800**

CR2E034 (12/95)