

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

12. OFFICERS AND DIRECTORS

1101 TITLE	P <input type="checkbox"/> DELETE
1102 NAME	O'NEILL
1103 STREET ADDRESS	2760 NE 52ND ST.
1104 CITY-STATE-ZIP	LIGHTHOUSE PT. FL
1201 TITLE	STM <input type="checkbox"/> DELETE
1202 NAME	AKDAG, MENDERES
1203 STREET ADDRESS	298 NE 6TH ST.
1204 CITY-STATE-ZIP	BOCA RATON FL
1301 TITLE	D <input type="checkbox"/> DELETE
1302 NAME	OMBRES, RICHARD MD
1303 STREET ADDRESS	1000 N OLIVE AVENUE
1304 CITY-STATE-ZIP	W PALM BEACH FL
1401 TITLE	C <input type="checkbox"/> DELETE
1402 NAME	GOLAN, MORDECHAI
1403 STREET ADDRESS	7792 TRAVELERS TREE DR.
1404 CITY-STATE-ZIP	BOCA RATON FL
1501 TITLE	D <input type="checkbox"/> DELETE
1502 NAME	YESIL, MUSTAFA
1503 STREET ADDRESS	7-8 KISIM A-30-A DAIRE 24 ATAKAY
1504 CITY-STATE-ZIP	ISTANBUL TU
1601 TITLE	D <input type="checkbox"/> DELETE
1602 NAME	KIZANLIKLI, HUSEYIN
1603 STREET ADDRESS	7-8 KISIM A-30-A DAIRE 24 ATAKAY
1604 CITY-STATE-ZIP	ISTANBUL TU

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1701 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1702 NAME	
1703 STREET ADDRESS	
1704 CITY-STATE-ZIP	
1801 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1802 NAME	
1803 STREET ADDRESS	
1804 CITY-STATE-ZIP	
1901 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1902 NAME	
1903 STREET ADDRESS	
1904 CITY-STATE-ZIP	
2001 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2002 NAME	
2003 STREET ADDRESS	
2004 CITY-STATE-ZIP	

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Case 2/21/96

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)