


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

**FILED**  
**Jan 28, 1999 8:00am**  
**Secretary of State**

01-28-1999 90026 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # M35245**

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
---	---

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>07/16/1986</b>	
4. FEI Number <b>59-2716440</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.**  
**526 EAST PARK AVE.**  
**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	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>O'NEILL</b>	
STREET ADDRESS	<b>2760 NE 52ND ST.</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE PT. FL</b>	
TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>AKDAG, MENDERES</b>	
STREET ADDRESS	<b>298 NE 6TH ST.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>JEFFERY A. BERNFELD</b>	
STREET ADDRESS	<b>829 MIDDLESEX TURNPIKE</b>	
CITY-ST-ZIP	<b>BILLERICA MA</b>	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	<b>PALMISANO, ROBERT J</b>	
STREET ADDRESS	<b>21 HICKORY DR</b>	
CITY-ST-ZIP	<b>WALTHAM MA 02154</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>RICHARD MILLER</b>	
STREET ADDRESS	<b>255 CLINTON RD.</b>	
CITY-ST-ZIP	<b>BROOKLINE MA</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>TRASKOS, RICHARD M</b>	
STREET ADDRESS	<b>65 BAYBERRY ROAD</b>	
CITY-ST-ZIP	<b>GLASTONBURG CT 06033</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: **W. R. ...** **SIGNATURE REQUIRED** 01-04-99 954-421-5800  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)