

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 # F95000000900 (9)

1. Corporation Name

OMEGA OPTICAL GENERAL, INC.



Principal Place of Business

13515 N. STEMMONS FREEWAY
DALLAS TX 75234

Mailing Address

13515 N. STEMMONS FREEWAY
DALLAS TX 75234

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

02/23/1995

3a. Date of Last Report

4. FET Number

75-2572792

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

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
NAME LUCAS, WELDON (BUDDY)
STREET ADDRESS 13515 N. STEMMONS FREEWAY
CITY-ST-ZIP DALLAS TX 10580

1.1 TITLE CHIEF OPERATING OFFICER ☐ Change ☒ Addition
1.2 NAME WILLIAM T. SULLIVAN
1.3 STREET ADDRESS 90 BENSON EYECARE/1601 VALLEY VIEW LANE
1.4 CITY-ST-ZIP DALLAS, TEXAS 75234

TITLE VVC ☐ DELETE
NAME ASHKEN, IAN
STREET ADDRESS C/O BENSON EYECARE/555 THEODORE FREMD AVE
CITY-ST-ZIP RYE NY 10580

2.1 TITLE V.P. ☐ Change ☒ Addition
2.2 NAME DESIREE DESTEFANO
2.3 STREET ADDRESS 90 BENSON EYECARE/555 THEODORE FREMD
2.4 CITY-ST-ZIP NEW YORK, N.Y. 10580

TITLE C ☐ DELETE
NAME FRANKLIN, MARTIN E
STREET ADDRESS C/O BENSON EYECARE/555 THEODORE FREMD AVE
CITY-ST-ZIP RYE NY 10580

3.1 TITLE V.P. ☐ Change ☒ Addition
3.2 NAME RICK LONG
3.3 STREET ADDRESS 13515 N. STEMMONS FREEWAY
3.4 CITY-ST-ZIP DALLAS, TEXAS 75234

TITLE S ☐ DELETE
NAME TREMBATH, PETER H
STREET ADDRESS C/O BENSON EYECARE/10900 RED CIRCLE DR
CITY-ST-ZIP MINNETONKA MN 55343

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 in an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

Date

(214) 919-2413

Daytime Phone #

CR2E034 (12/95)