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Jun 16 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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 75234-5785**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
02/23/1995

3a. Date of Last Report
05/01/1996

4. FEI Number

75-2572792

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
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

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

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

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

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

TITLE **C** ☒ DELETE
NAME **SULLIVAN, WILLIAM T**
STREET ADDRESS **C/O BENSON EYECARE, 1601 VALLEY VIEW LANE**
CITY-ST-ZIP **DALLAS TX 75234**

TITLE **VP** ☒ DELETE
NAME **DESTEFANO, DESIREE**
STREET ADDRESS **C/O BENSON EYECARE/ 555 THEODORE FREMD AVE**
CITY-ST-ZIP **NEW YORK NY 10580**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **SAGNIÈRES, HUBERT**
1.3 STREET ADDRESS **13515 N. STEMMONS**
1.4 CITY-ST-ZIP **DALLAS, TEXAS 75234**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **LECORVAISIER-GERBIER, FABIENNE**
2.3 STREET ADDRESS **750 LEXINGTON AVE., 8th FLOOR**
2.4 CITY-ST-ZIP **NEW YORK CITY, NY 10022**

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

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **ALFROID, PHILIPPE**
4.3 STREET ADDRESS **147 RUE DE PARIS, 94227 CHARENTON CEDEX**
4.4 CITY-ST-ZIP **FRANCE**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **STOERR, JACQUES**
5.3 STREET ADDRESS **401 EDGEWATER PLACE, SUITE 250**
5.4 CITY-ST-ZIP **WAKEFIELD, MA 01880**

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E034 (9/96)