

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUL 18 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 149842

(7)

1. Corporation Name
STYL-RITE OPTICAL MFG. CO., INC.

Principal Place of Business
**C/O GLEN OAKS INDUSTRIAL PARK
P.O. BOX 187
GLEN DORA NJ 08029
US**

Mailing Address
**C/O GLEN OAKS INDUSTRIAL PARK
P.O. BOX 187
GLEN DORA NJ 08029-0187
US**

| | |
|---|---|
| 3. Date Incorporated or Qualified 01/17/1947 | 3a. Date of Last Report 04/17/1996 |
| 4. FEI Number 59-0562932 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---------------------------------------|-------------------------------|
| 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 |

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P. SCHWARTZ, WILLIAM A 2700 IRVING BLVD. DALLAS TX <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TCS MCHENRY, GEORGE E JR 2700 IRVING BLVD DALLAS TX <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO SCHWARTZ, WILLIAM A., JR 2700 IRVING BLVD DALLAS TX <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP MCGRATH, JAMES M 2700 IRVING BLVD. DALLAS TX <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP SCHMIDT, GAYLE E 2700 IRVING BLVD. DALLAS TX <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 10 Harmon Drive |
| 1.4 CITY-ST-ZIP | Glen Dora, N.J. 08029 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 10 Harmon Drive |
| 2.4 CITY-ST-ZIP | Glen Dora, N.J. 08029 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | -PO Box 187, N/A |
| 3.4 CITY-ST-ZIP | Glen Dora, N.J. 08029 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | EVP, CFO and Sec. |
| 4.3 STREET ADDRESS | 10 Harmon Drive |
| 4.4 CITY-ST-ZIP | Glen Dora, N.J. 08029 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | 900002250139--0 |
| 5.4 CITY-ST-ZIP | -07/29/97--01031--010 |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | EX. VP President of Finance |
| 6.3 STREET ADDRESS | REid Eikner |
| 6.4 CITY-ST-ZIP | 10 Harmon Drive Glen Dora, N.J. 08029 |

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)