


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

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FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90211 030 ***300.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 149842
 1. Corporation Name
STYL-RITE OPTICAL MFG. CO., INC.



Principal Place of Business: C/O GLEN OAKS INDUSTRIAL PARK, P.O. BOX 187, GLENDORA NJ 08029 US

Mailing Address: C/O GLEN OAKS INDUSTRIAL PARK, P.O. BOX 187, GLENDORA NJ 08029 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date incorporated or Qualified: 01/17/1947

4. FEI Number: 59-0562932 Applied For: Nct 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 owes the current year Intangible Personal Property Tax: Yes No

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 **FL**

11. Pursuant to the provisions of Sections 607.0505 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, WILLIAM A	1.2 NAME	
STREET ADDRESS	10 HARMON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GLENDORA NJ 08029	1.4 CITY-ST-ZIP	
TITLE	TCS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCHENRY, GEORGE E JR	2.2 NAME	
STREET ADDRESS	10 HARMON DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GLENDORA NJ 08029	2.4 CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, WILLIAM A., JR	3.2 NAME	
STREET ADDRESS	P.O. BOX 187	3.3 STREET ADDRESS	
CITY-ST-ZIP	GLENDORA NJ 08029	3.4 CITY-ST-ZIP	
TITLE	EVPS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRATH, JAMES M	4.2 NAME	
STREET ADDRESS	10 HARMON DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GLENDORA NJ 08029	4.4 CITY-ST-ZIP	
TITLE	EVP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EIKNER, REID	5.2 NAME	
STREET ADDRESS	10 HARMON DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GLENDORA NJ 08029	5.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathy A. Cullen	6.2 NAME	
STREET ADDRESS	10 Harmon Dr	6.3 STREET ADDRESS	
CITY-ST-ZIP	Glendora NJ 08029	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 119.073(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, with all other like empowered.

SIGNATURE: George E. McHenry Jr Date: 1-21-91 Daytime Phone #: (609) 228-1000

CR2E034 (11/98)