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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 321181

(0)

FRANEL OPTICAL SUPPLY CO.

FILED	
Jan 20 1998 8:	00am
Secretary of S	State



Principal Place of Business Mailing Address						AN WEDEN	UISH SI	ali birii isel	
111 ATLANTIC DRIVE PO BOX 940096 MAITLAND FL 32751 MAITLAND FL 32794-0096 US DO NOT WRITE		DO NOT WRITE IN TH	E IN THIS SPÁCE						
]						3. Date Incorporated or Qualified			
6 Principal D	llane of Divisions	La Martin Adding				09/25/1967			
-	Place of Business	2a. Mailing Address	=			4. FEI Number			Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.				59-1196338			vot Applicable
22		27				5. Certificate of Status Desired			Additional Required
City & Stat	(e	City & State	≣			6. Election Campaign Financing			🕽 Мау Ве
23 Zin	Country	28	Com	- t		Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the			
24	25 9. Name and Address of Curr	29 29 Agent	30			Personal Property Tax due June 30. 10. Name and Address of New Registere	U Ye		□ No
Lec		ent neglatered Agent		81	Name	10. Name and Address of New Registere	a Age	TIL .	
	POW, NEIL				, vainc				
	111 ATLANTIC DRIVE MAITLAND FL 32751		·		Street Addre	ess (P.O, Box Number is Not Acceptable)			<u> </u>
				83					
				84	,	-		1 .	Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.03 registered agent, or both, in the Starm familiar with, and accept the obtain	502 and 607.1508, Florida Statu Ite of Florida. Such change was igations of, Section 607.0505, F	ites, the ab authorized Torida Stati	ove by utes	-named corporations.	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of cha opointr	nging nent a	its registered s registered
SIGNATURE	Signature, typed or printed name of registered a				nt signature require	:			
12.		ND DIRECTORS	13.	7 6 67	The digital control of the control o	ADDITIONS/CHANGES TO OFFICERS A	ND DIE	FCTO	RS IN 12
TITLE	PD	DELETE	1.1 TU	LE				Change	
NAME	LEPOW, NEIL	•	1.2 NA	ME	-				
STREET ADDRESS	111 ATLANTIC DRIVE		1,3 \$7	REET	ADDRESS				
CITY - ST - ZIP	MAITLAND FL 32751		1.4 CIT		I				
TITLE	STD	DELETE	2.1 TIT					Change	Addition
NAME	LEPOW, FRANCES		2,2 NAI	ME		•			
STREET ADDRESS	111 ATLANTIC DRIVE		2.3 STF	EET /	ADDRESS				
CITY-ST-ZIP	MAITLAND FL 32751		2. 4 CI	TY-S	T-ZIP				
TITLE	٧	DELETE	3,1 TIT					Change	Addition
NAME	LEPOW, DAVID		3.2 NA	ME				_	
STREET ADDRESS	111 ATLANTIC DR.		3.3 STF	REET /	ADDRESS				
CITY-ST-ZIP	MAITLAND FL		3.4. CIT						
TITLE	/// AVII	DELETE	4.1 TITI					Change	Addition
NAME			4. 2 NA	ME				-	
STREET ADDRESS			4,3 STF	REET A	ADDRESS				
CITY-ST-ZIP			4.4 GIT		- 1				
TITLE		☐ DELETE	5.1 TITE					Change	Addition
NAME			5.2 NAM	ME			·		
STREET ADDRESS			5,3 STR	REET #	ADDRESS				
CITY-ST-ZIP			5.4 CIT						
TITLE		DELETE	6.1 TITL					Change	Addition
NAME			6.2 NAN						
STREET ADDRESS					ADDRESS				
CITY_CT_7ID				. 57	1				

14. I 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.