

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00-AM**  
**Secretary of State**

**DOCUMENT # 549774**

1. Entity Name  
**AU COURANT OPTICIANS, INC.**



Principal Place of Business  
**9700 COLLINS AVENUE  
#203  
BAL HARBOUR, FL 33154**

Mailing Address  
**9700 COLLINS AVENUE  
#203  
BAL HARBOUR, FL 33154**



02202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-1866282** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**STOLAR, ALLEN D  
21249 HARROW COURT  
BOCA RATON, FL 33433-7453**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPDC BENNETT, HERMAN 3370 HIDDEN BAY DRIVE #313 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STDP BENNETT, STEVEN 1410 FOLKSTONE ANN ARBOR, MI 48105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENNETT, GERALDINE 3370 HIDDEN BAY DRIVE #313 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PASD DICOSMO, NANCY JO 3105 WOODSLEE DR ROYAL OAK, MI 48073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIBARTOLOMEO, TAWNY 1101 98TH ST MIAMI, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000105543  
04/07/04-80030-014 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Dicosmo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-3-04 Daytime Phone # 734-665-9079

NANCY DICOSMO