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

FILED
Apr 21 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 # **639498** **(5)**

1. Corporation Name
**COHEN'S FASHION OPTICAL OF BOCA RATON, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O CAPITAL CONNECTION, INC.<br>417 EAST VIRGINIA STREET, STE. 1<br>TALLAHASSEE FL 32301 | C/O CAPITAL CONNECTION, INC.<br>417 EAST VIRGINIA STREET, STE. 1<br>TALLAHASSEE FL 32301-1279 |

3. Date Incorporated or Qualified: **10/12/1979**
3a. Date of Last Report: **08/28/1996**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 COHEN FASHION OPTICAL | 26 COHEN FASHION OPTICAL |
| 22 Suite, Apt. #, etc. 1500 HEMPSTEAD TPK | 27 Suite, Apt. #, etc. 1500 Hempstead Tpk |
| 23 City & State EAST MEADOW N.Y | 28 City & State EAST Meadow NY |
| 24 Zip 11554 25 Country U.S. | 29 Zip 11554 30 Country U.S. |

4. FEI Number: **11-2623194** ☐ 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

**CAPITAL CONNECTION, INC.**
**417 EAST VIRGINIA STREET, STE. 1**
**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | DP | ☒ DELETE | 1.1 TITLE | President | ☐ Change ☒ Addition |
| NAME | COHEN, ROBERT | | 1.2 NAME | COHEN, Robert | |
| STREET ADDRESS | 336 ATLANTIC AVE | | 1.3 STREET ADDRESS | 1500 HEMPSTEAD, TPK | |
| CITY-ST-ZIP | EAST ROCKEWAY NY | | 1.4 CITY-ST-ZIP | EAST Meadow, N.Y 11554 | |
| TITLE | VP | ☒ DELETE | 2.1 TITLE | Secretary | ☐ Change ☒ Addition |
| NAME | COHEN, RICHARD | | 2.2 NAME | COHEN, ALAN | |
| STREET ADDRESS | 336 ATLANTIC AVENUE | | 2.3 STREET ADDRESS | 1500 Hempstead Tpk | |
| CITY-ST-ZIP | EAST ROCKEWAY NY | | 2.4 CITY-ST-ZIP | EAST Meadow, NY 11554 | |
| TITLE | DS | ☒ DELETE | 3.1 TITLE | Vice President | ☐ Change ☒ Addition |
| NAME | COHEN, EDWARD | | 3.2 NAME | Steinfeld, Anita | |
| STREET ADDRESS | 336 ATLANTIC AVENUE | | 3.3 STREET ADDRESS | 1500 Hempstead TPK | |
| CITY-ST-ZIP | EAST ROCKEWAY NY | | 3.4 CITY-ST-ZIP | EAST Meadow, N.Y 11554 | |
| TITLE | DT | ☒ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | COHEN, ALAN | | 4.2 NAME | | |
| STREET ADDRESS | 336 ATLANTIC AVENUE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | EAST ROCKEWAY NY | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

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.

**SIGNATURE:** Sandra B. Mortham V.P. 4-15-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #