

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

96 SEP -3 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 842611 (6)

1. Corporation Name
COHEN FASHION OPTICAL, INC.

Principal Place of Business: 336 ATLANTIC AVE, EAST ROCKAWAY NY 11518 US
Mailing Address: 336 ATLANTIC AVE, EAST ROCKAWAY NY 11518 US

3. Date Incorporated or Qualified: 02/15/1979
3a. Date of Last Report: 01/23/1995
4. FEI Number: 13-2954829
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET
SUITE 1
TALLAHASSEE FL 32302

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 607.0506, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	COHEN, ROBERT	<input type="checkbox"/> DELETE
NAME		280 DOLPHIN DRIVE	
STREET ADDRESS		HEWLETT NY	
CITY-ST-ZIP			
TITLE	VD	COHEN, ALAN	<input type="checkbox"/> DELETE
NAME		3 SURREY LANE	
STREET ADDRESS		OLD WESTBURY NY	
CITY-ST-ZIP			
TITLE	SD	COHEN, EDWARD	<input type="checkbox"/> DELETE
NAME		19667 TURNBERRY WAY S.	
STREET ADDRESS		N MIAMI BEACH FL	
CITY-ST-ZIP			
TITLE	VD	COHEN, RICHARD	<input type="checkbox"/> DELETE
NAME		12 PONDVIEW CT	
STREET ADDRESS		JERICO NY	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	800001952758
21 TITLE	-09/20/96-0000-002 Addition
22 NAME	****200.00 ****200.00
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(k), 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 or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

9-10-96

2/21/96

3/11/96