

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JAN 23 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F57183 (8)

1. Corporation Name

COHEN FASHION OPTICAL OF DADELAND, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
336 ATLANTIC AVE EAST ROCKAWAY NY 11518 US		336 ATLANTIC AVE EAST ROCKAWAY NY 11518 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	12/04/1981	04/15/1994
Suite, Apt. #, etc.		4. FEI Number	Applied For
22		11-2590168	Not Applicable
City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23			
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25		
Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes No
29	30		

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 EAST VIRGINIA STREET, SUITE 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, ROBERT	1.2 NAME	
STREET ADDRESS	336 ATLANTIC AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	EAST ROCKAWAY NY	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, EDWARD	2.2 NAME	
STREET ADDRESS	336 ATLANTIC AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	EAST ROCKAWAY NY	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, ALAN	3.2 NAME	
STREET ADDRESS	336 ATLANTIC AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	EAST ROCKAWAY NY	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, RICHARD	4.2 NAME	
STREET ADDRESS	336 ATLANTIC AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	EAST ROCKAWAY NY	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if correct, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print Name)