

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 JUL 30 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

*PROFIT
CORPORATION
ANNUAL REPORT
1997

DOCUMENT # F57183 (8)
1. Corporation Name
COHEN FASHION OPTICAL OF DADELAND, INC.

Principal Place of Business
336 ATLANTIC AVE
EAST ROCKAWAY NY 11518
US

Mailing Address
336 ATLANTIC AVE
EAST ROCKAWAY NY 11518
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/04/1981
3a. Date of Last Report 09/04/1996

4. FEI Number 11-2590168
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPITAL CONNECTION, INC.
417 EAST VIRGINIA STREET, SUITE 1
TALLAHASSEE FL 32301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 8000002257938-9
-08/03/97-01051-003
84 City ***165.00 ***165.00
FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME COHEN, ROBERT
STREET ADDRESS 336 ATLANTIC AVE
CITY-ST-ZIP EAST ROCKAWAY NY ☒ DELETE

1.1 TITLE PRESIDENT
1.2 NAME Cohen, Robert
1.3 STREET ADDRESS 1500 Hempstead Tpk
1.4 CITY-ST-ZIP East Meadow NY 11554 ☐ Change ☒ Addition

TITLE SD
NAME COHEN, EDWARD
STREET ADDRESS 336 ATLANTIC AVE
CITY-ST-ZIP EAST ROCKAWAY NY ☒ DELETE

2.1 TITLE SECRETARY
2.2 NAME Cohen, Alan
2.3 STREET ADDRESS 1500 Hempstead Tpk
2.4 CITY-ST-ZIP East Meadow NY 11554 ☐ Change ☒ Addition

TITLE TD
NAME COHEN, ALAN
STREET ADDRESS 336 ATLANTIC AVE
CITY-ST-ZIP EAST ROCKAWAY NY ☒ DELETE

3.1 TITLE Vice President
3.2 NAME Steinfeld, Anita
3.3 STREET ADDRESS 1500 Hempstead Tpk
3.4 CITY-ST-ZIP East Meadow NY 11554 ☐ Change ☒ Addition

TITLE V
NAME COHEN, RICHARD
STREET ADDRESS 336 ATLANTIC AVE
CITY-ST-ZIP EAST ROCKAWAY NY ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: [Signature]

7-25-97

CR2E034 (4/97)