

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000000900 (9)**

1. Corporation Name

**OMEGA OPTICAL GENERAL, INC.**



Principal Place of Business

Mailing Address

13515 N. STEMMONS FREEWAY  
DALLAS TX 75234

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DALLAS TX 75234

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	29	Zip
	Country	30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
02/23/1995	
4. FEI Number	Applied For
75-2572792	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, SUITE 105  
TALLAHASSEE FL 32301

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 filer (applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	CHIEF OPERATING OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCAS, WELDON (BUDDY)	1.2 NAME	WILLIAM T. SULLIVAN
STREET ADDRESS	13515 N. STEMMONS FREEWAY	1.3 STREET ADDRESS	90 BENSON EYECARE/1601 VALLEY VIEW LANE
CITY-ST-ZIP	DALLAS TX 10580	1.4 CITY-ST-ZIP	DALLAS, TEXAS 75234
TITLE	VVC	2.1 TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASHKEN, IAN	2.2 NAME	DESIREE DESTEFANO
STREET ADDRESS	C/O BENSON EYECARE/555 THEODORE FREMD AVE	2.3 STREET ADDRESS	90 BENSON EYECARE/555 THEODORE FREMD
CITY-ST-ZIP	RYE NY 10580	2.4 CITY-ST-ZIP	NEW YORK, N.Y. 10580
TITLE	C	3.1 TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKLIN, MARTIN E	3.2 NAME	RICK LONG
STREET ADDRESS	C/O BENSON EYECARE/555 THEODORE FREMD AVE	3.3 STREET ADDRESS	13515 N. STEMMONS FREEWAY
CITY-ST-ZIP	RYE NY 10580	3.4 CITY-ST-ZIP	DALLAS, TEXAS 75234
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREMBATH, PETER H	4.2 NAME	
STREET ADDRESS	C/O BENSON EYECARE/10900 RED CIRCLE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343	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 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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 in an attachment with an address.

SIGNATURE: X

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96  
Date

(214) 919-2413  
Daytime Phone #

CR2E034 (12/95)