

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

**FILED**

**Jun 16 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000000900 (9)**  
1. Corporation Name  
**OMEGA OPTICAL GENERAL, INC.**



Principal Place of Business <b>13515 N. STEMMONS FREEWAY DALLAS TX 75234</b>	Mailing Address <b>13515 N. STEMMONS FREEWAY DALLAS TX 75234-5785</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/23/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>75-2572792</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301</b>				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 <b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LUCAS, WELDON (BUDDY)</b>		1.2 NAME <b>SAGNIÈRES, HUBERT</b>	
STREET ADDRESS <b>13515 N. STEMMONS FREEWAY</b>		1.3 STREET ADDRESS <b>13515 N. STEMMONS</b>	
CITY-ST-ZIP <b>DALLAS TX 10580</b>		1.4 CITY-ST-ZIP <b>DALLAS, TEXAS 75234</b>	
TITLE <b>WC</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>LECORVAISIER-GERBIER, FABIENNE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ASHKEN, IAN</b>		2.2 NAME <b>750 LEXINGTON AVE., 8th FLOOR</b>	
STREET ADDRESS <b>C/O BENSON EYECARE/555 THEODORE FREMD AVE</b>		2.3 STREET ADDRESS <b>NEW YORK CITY, NY 10022</b>	
CITY-ST-ZIP <b>RYE NY 10580</b>		2.4 CITY-ST-ZIP	
TITLE <b>C</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>LONG, RICK</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FRANKLIN, MARTIN E</b>		3.2 NAME <b>13515 N. STEMMONS</b>	
STREET ADDRESS <b>C/O BENSON EYECARE/555 THEODORE FREMD AVE</b>		3.3 STREET ADDRESS <b>DALLAS, TEXAS 75234</b>	
CITY-ST-ZIP <b>RYE NY 10580</b>		3.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>ALFROID, PHILIPPE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TREMBATH, PETER H</b>		4.2 NAME <b>147 RUE DE PARIS, 94227 CHARENTON CEDEX</b>	
STREET ADDRESS <b>C/O BENSON EYECARE/10900 RED CIRCLE DR</b>		4.3 STREET ADDRESS <b>FRANCE</b>	
CITY-ST-ZIP <b>MINNETONKA MN 55343</b>		4.4 CITY-ST-ZIP	
TITLE <b>C</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>STOERR, JACQUES</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SULLIVAN, WILLIAM T</b>		5.2 NAME <b>401 EDGEWATER PLACE, SUITE 250</b>	
STREET ADDRESS <b>C/O BENSON EYECARE, 1601 VALLEY VIEW LANE</b>		5.3 STREET ADDRESS <b>WAKEFIELD, MA 01880</b>	
CITY-ST-ZIP <b>DALLAS TX 75234</b>		5.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DESTEFANO, DESIREE</b>		6.2 NAME	
STREET ADDRESS <b>C/O BENSON EYECARE/ 555 THEODORE FREMD AVE</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>NEW YORK NY 10580</b>		6.4 CITY-ST-ZIP	

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.

CR2E034 (9/96)