


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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90113 022 ***150.00

05-42625

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F95000000900

1. Corporation Name
OMEGA OPTICAL GENERAL, INC.

| | |
|---|---|
| Principal Place of Business 13515 N. STEMMONS FREEWAY DALLAS TX 75234 | Mailing Address 13515 N. STEMMONS FREEWAY DALLAS TX 75234 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|---------------------|----------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | 2400 118th Ave No. | 02/23/1995 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | Attn: Ann E. Pointer | 75-2572792 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 23 | | 28 | Petersburg, FL | \$8.75 Additional Fee Required | |
| Zip | | Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | |
| 24 | | 29 | 33716 | \$5.00 May Be Added to Fees | |
| Country | | Country | | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 25 | | 30 | USA | | |

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET, SUITE 105
 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 |
| 85 | Zip Code |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|---|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | SAGNIERES, HUBERT | |
| STREET ADDRESS | 13515 N STEMMONS | |
| CITY-ST-ZIP | DALLAS TX | |
| TITLE | WC | <input checked="" type="checkbox"/> DELETE |
| NAME | LECORVAISIER, GERBIER F | |
| STREET ADDRESS | 750 LEXINGTON AVE, 8TH FL | |
| CITY-ST-ZIP | NEW YORK NY | |
| TITLE | C | <input checked="" type="checkbox"/> DELETE |
| NAME | LONG, RICK | |
| STREET ADDRESS | 13515 N STEMMONS | |
| CITY-ST-ZIP | DALLAS TX | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | ALFROID, PHILIPPE | |
| STREET ADDRESS | 147 RUE DE PARIS, 94227 CHARENTON CEDEX | |
| CITY-ST-ZIP | FRANCE | |
| TITLE | C | <input type="checkbox"/> DELETE |
| NAME | STOERR, JACQUES | |
| STREET ADDRESS | 401 EDGEWATER PLACE, STE. 250 | |
| CITY-ST-ZIP | WAKEFIELD MA | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---------------------------|--|
| 1.1 TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | PADDISON, CHRIS | |
| 1.3 STREET ADDRESS | 13515 N. Stemmons Freeway | |
| 1.4 CITY-ST-ZIP | Dallas, TX 75234 | |
| 2.1 TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | POINTER, ANN E. | |
| 2.3 STREET ADDRESS | 2400 118th Avenue No. | |
| 2.4 CITY-ST-ZIP | St. Petersburg, FL 33716 | |
| 3.1 TITLE | AS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | DENDLE, MARK | |
| 3.3 STREET ADDRESS | 13515 N. Stemmons Freeway | |
| 3.4 CITY-ST-ZIP | Dallas, TX 75234 | |
| 4.1 TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Schon, Joni | |
| 4.3 STREET ADDRESS | 13515 N. Stemmons Freeway | |
| 4.4 CITY-ST-ZIP | Dallas, TX 75234 | |
| 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | STOERR, JACQUES | |
| 5.3 STREET ADDRESS | 13515 N. Stemmons Freeway | |
| 5.4 CITY-ST-ZIP | Dallas, TX 75234 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I 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, with all other like empowered.

SIGNATURE: Katherine Harris 3/15/99 Date 727-572-0844 Daytime Phone #

SIGNATURE AND TYPED, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)