

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

FILED

96 SEP 10 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H51406 (7)
1. Corporation Name
COHEN'S FASHION OPTICAL OF PALM BEACH, INC.

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

Mailing Address
336 ATLANTIC AVE
EAST ROCKAWAY NY 11518
US

3. Date Incorporated or Qualified 04/09/1985	3a. Date of Last Report 01/26/1995
4. FEI Number 11-2836143	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 85 Zip Code FL
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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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PD COHEN, ROBERT	1.1 TITLE			
NAME	336 ATLANTIC AVE	1.2 NAME			
STREET ADDRESS	EAST ROCKAWAY NT	1.3 STREET ADDRESS		700001955907	
CITY-ST-ZIP		1.4 CITY-ST-ZIP		-09/25/96--01025--002	
TITLE	SD COHEN, EDWARD	2.1 TITLE		****600.00 <input type="checkbox"/> ****200.00	
NAME	336 ATLANTIC AVE	2.2 NAME		700001955907	
STREET ADDRESS	EAST ROCKAWAY NY	2.3 STREET ADDRESS		-09/25/96--01025--003	
CITY-ST-ZIP		2.4 CITY-ST-ZIP		*****75.00 <input type="checkbox"/> *****25.00	
TITLE	TD COHEN, ALAN	3.1 TITLE			
NAME	336 ATLANTIC AVE	3.2 NAME			
STREET ADDRESS	EAST ROCKAWAY NY	3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	V COHEN, RICHARD	4.1 TITLE			
NAME	336 ATLANTIC AVE	4.2 NAME			
STREET ADDRESS	EAST ROCKAWAY NY	4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		5.1 TITLE			
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		6.1 TITLE			
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 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 in person; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0490537