

\*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.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/09/1985	3a. Date of Last Report 09/10/1986
4. FEI Number 11-2836143	Applied For <input type="checkbox"/> 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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, ROBERT	
STREET ADDRESS	336 ATLANTIC AVE	
CITY - ST - ZIP	EAST ROCKAWAY NT	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, EDWARD	
STREET ADDRESS	336 ATLANTIC AVE	
CITY - ST - ZIP	EAST ROCKAWAY NY	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, ALAN	
STREET ADDRESS	336 ATLANTIC AVE	
CITY - ST - ZIP	EAST ROCKAWAY NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, RICHARD	
STREET ADDRESS	336 ATLANTIC AVE	
CITY - ST - ZIP	EAST ROCKAWAY NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Cohen, Robert
1.3 STREET ADDRESS	1500 Hempstead Tpk
1.4 CITY - ST - ZIP	EAST MEADOW NY 11554
2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cohen, Alan
2.3 STREET ADDRESS	1500 Hempstead Tpk
2.4 CITY - ST - ZIP	EAST MEADOW NY 11554
3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Steinfeld, Anita
3.3 STREET ADDRESS	1500 Hempstead Tpk
3.4 CITY - ST - ZIP	EAST MEADOW NY 11554
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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\*\*\*\*165.00 \*\*\*\*165.00

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

APPROVED  
AND  
FILED

97 JUL 30 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E034 (4/97)