

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

FILED  
Mar 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H51406** (7)  
1. Corporation Name  
**COHEN'S FASHION OPTICAL OF PALM BEACH, INC.**



Principal Place of Business <b>336 ATLANTIC AVE EAST ROCKAWAY NY 11518 US</b>	Mailing Address <b>336 ATLANTIC AVE EAST ROCKAWAY NY 11518 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1500 HEMPSTEAD TPK</b> Suite, Apt. #, etc. 22 City & State 23 <b>EAST MEADOW N.Y.</b> Zip 24 <b>11554</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>1500 HEMPSTEAD TPK</b> Suite, Apt. #, etc. 27 City & State 28 <b>EAST MEADOW N.Y.</b> Zip 29 <b>11554</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>04/09/1985</b>	4. FEI Number <b>11-2836143</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	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
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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**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>1500 HEMPSTEAD TPK</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EAST MEADOW NY 11554</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, ALAN</b>	2.2 NAME	
STREET ADDRESS	<b>1500 HEMPSTEAD TPK</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EAST MEADOW NY 11554</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, ANITA</b>	3.2 NAME	
STREET ADDRESS	<b>1500 HEMPSTEAD TPK</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EAST MEADOW NY 11554</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 (10/97)

2/23/98