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FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **K70853** (2)
1. Corporation Name
COHEN'S FASHION OPTICAL OF WESTLAND, 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

2. Principal Place of Business
21 **1500 HEMPSTEAD TPK**
Suite, Apt. #, etc.
22
City & State
23 **EAST MEADOW NY**
Zip
24 **11554** Country
25 **USA**

2a. Mailing Address
26 **1500 HEMPSTEAD TPK**
Suite, Apt. #, etc.
27
City & State
28 **EAST MEADOW NY**
Zip
29 **11554** Country
30 **USA**

3. Date Incorporated or Qualified

03/07/1989

4. FEI Number

11-3007164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CAPITAL CONNECTIONS
417 E. VIRGINIA ST. 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

FL

85 Zip Code

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 **P** ☐ DELETE
NAME **COHEN, ROBERT**
STREET ADDRESS **1500 HEMPSTEAD TPK**
CITY- ST- ZIP **EAST MEADOW NY 11554**

TITLE **S** ☐ DELETE
NAME **COHEN, ALAN**
STREET ADDRESS **1500 HEMPSTEAD TPK**
CITY- ST- ZIP **EAST MEADOW NY 11554**

TITLE **V** ☐ DELETE
NAME **STEINFELD, ANITA**
STREET ADDRESS **1500 HEMPSTEAD TPK**
CITY- ST- ZIP **EAST MEADOW NY 11554**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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.

CR2E034 (10/97)