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Feb 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M35245 (3)

1. Corporation Name
LENS EXPRESS, INC.

Principal Place of Business
350 S.W. 12TH AVE.
DEERFIELD BEACH FL 33442

Mailing Address
350 S.W. 12TH AVE.
DEERFIELD BEACH FL 33442-3106



3. Date Incorporated or Qualified 07/16/1986
3a. Date of Last Report 02/20/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2716440		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVE.
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

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	
TITLE	P O'NEILL	1.1 TITLE	VP
NAME	2760 NE 52ND ST.	1.2 NAME	
STREET ADDRESS	LIGHTHOUSE PT. FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STM AKDAG, MENDERES	2.1 TITLE	P
NAME	298 NE 6TH ST.	2.2 NAME	
STREET ADDRESS	BOCA RATON FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D OMBRES, RICHARD MD	3.1 TITLE	D
NAME	1000 N OLIVE AVENUE	3.2 NAME	JEFFERY A. BERNFELD
STREET ADDRESS	W PALM BEACH FL	3.3 STREET ADDRESS	AMERICAN SCIENCE ENGINEERING, INC.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	829 MIDDLESEX TURNPIKE
TITLE	C GOLAN, MORDECHAI	4.1 TITLE	CEO
NAME	7792 TRAVELERS TREE DR.	4.2 NAME	D. VERNE SHARMA
STREET ADDRESS	BOCA RATON FL	4.3 STREET ADDRESS	54 AMANDA ROAD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SUDBURY, MA 01776
TITLE	D YESIL, MUSTAFA	5.1 TITLE	D
NAME	7-8 KISIM A-30-A DAIRE 24 ATAKAY	5.2 NAME	RICHARD MILLER
STREET ADDRESS	ISTANBUL TU	5.3 STREET ADDRESS	255 CLINTON ROAD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BROOKLINE, MA 02146
TITLE	D KIZANLUKLI, HUSEYIN	6.1 TITLE	T
NAME	7-8 KISIM A-30-A DAIRE 24 ATAKAY	6.2 NAME	RAJIV BHATT
STREET ADDRESS	ISTANBUL TU	6.3 STREET ADDRESS	80 PARK STREET PENTHOUSE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BROOKLINE, MA 02146

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-11-97

Date

954-421-5800

Daytime Phone #

CR2E034 (9/96)