


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

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/16/1986	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2716440		Applied For 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	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			

9. Name and Address of Current Registered Agent NRAI SERVICES, INC. 528 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	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			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	VP			1.1 TITLE			
NAME	O'NEILL			1.2 NAME			
STREET ADDRESS	2760 NE 52ND ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE PT. FL			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AKDAG, MENDERES			2.2 NAME			
STREET ADDRESS	298 NE 6TH ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JEFFERY A. BERNFELD			3.2 NAME			
STREET ADDRESS	829 MIDDLESEX TURNPIKE			3.3 STREET ADDRESS			
CITY-ST-ZIP	BILLERICA MA			3.4 CITY-ST-ZIP			
TITLE	CEO	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	D. VERNE SHARMA			4.2 NAME	Robert J. Palmisano		
STREET ADDRESS	54 AMANDA RD.			4.3 STREET ADDRESS	21 Hickory Dr		
CITY-ST-ZIP	SUDBURY MA			4.4 CITY-ST-ZIP	Waltham, MA 02154		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHARD MILLER			5.2 NAME			
STREET ADDRESS	255 CLINTON RD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKLINE MA			5.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RAJIV BHATT			6.2 NAME	Richard M Traskas		
STREET ADDRESS	80 PARK ST., PENTHOUSE			6.3 STREET ADDRESS	65 Bayberry Road		
CITY-ST-ZIP	BROOKLINE MA			6.4 CITY-ST-ZIP	Glastonbury, CT 06033		

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.

SIGNATURE:

[Signature]

01-20-97

954-421-5800

CR2E034 (10/97)