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Jan 28, 1999 8:00am
Secretary of State

01-28-1999 90026 046 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M35245

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1986

4. FEI Number

59-2716440

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 the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME O'NEILL
STREET ADDRESS 2760 NE 52ND ST.
CITY-ST-ZIP LIGHTHOUSE PT. FL

DELETE

TITLE P
NAME AKDAG, MENDERES
STREET ADDRESS 298 NE 6TH ST.
CITY-ST-ZIP BOCA RATON FL

DELETE

TITLE D
NAME JEFFERY A. BERNFELD
STREET ADDRESS 829 MIDDLESEX TURNPIKE
CITY-ST-ZIP BILLERICA MA

DELETE

TITLE CEO
NAME PALMISANO, ROBERT J
STREET ADDRESS 21 HICKORY DR
CITY-ST-ZIP WALTHAM MA 02154

DELETE

TITLE D
NAME RICHARD MILLER
STREET ADDRESS 255 CLINTON RD.
CITY-ST-ZIP BROOKLINE MA

DELETE

TITLE D
NAME TRASKOS, RICHARD M
STREET ADDRESS 65 BAYBERRY ROAD
CITY-ST-ZIP GLASTONBURG CT 06033

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-04-99

Date

954-421-5800

Daytime Phone #

CR2E034 (11/98)