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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

M81178

(9)

COHEN'S FASHION OPTICAL OF TREASURE COAST, INC.

Principal Place of Business

336 ATLANTIC AVE EAST ROCKAWAY NY 11518 Mailing Address

336 ATLANTIC AVE EAST ROCKAWAY NY 11518-1124

US

FILED Apr 21 1997 8:00am Secretary of State



			3. Date Incorporated or Qualified 05/17/1988	3a. Date 08/4	8/1996	eport
. Principal Pl	lace of Business 2a. Mailing Address	Δ	4. FEI Number	- 1	Ap	plied For
Conc	20 Tashion Unidea COHEN TA	ShioN Uptica	/ 11-2945118		No	t Applicable
Suite, Apt	#, etc Suite, Apt. #, etc.	7	5. Certificate of Status Desired	П	\$8.75	Additional
10001	tempstead TOK 27 1500 HEM	OSTEAN TOK	e. Cermicate of Status Desired		Fee Re	quired
City & State	City & State	1 - 11 V	6. Election Campaign Financing	_	\$5.00	
tast	Meadow N.Y 28 GAST MED	000 NI	Trust Fund Contribution		Added t	o Fees
- Zip 1155	54 25 Country U.S. 29 11554	Country	8. This corporation has liability for Florida Statutes	intangible ta] Yes []		199.032,
L	9. Name and Address of Current Registered Agent		10. Name and Address of New Re	glatered A	ent	
	PITAL CONNECTION, INC	81 Name				
	7 EAST VIRGINIA STREET, SUITE 1	82 Street Add	dress (P.O. Box Number is Not Acceptal	ble)		
TAL	LLAHASSEE FL 32301	July Street No.	stage (r.o. Box Hallipol is Not ricopial			
		83				
		84 City			85 Zip (Code
		OH City		FL	as zip	Jode
1. Pursuant t	to the provisions of Sections 607.0502 and 607.1508, Florida Star	ules, the above-named cor	poration submits this statement for the	purpose of c	hanging it	s registered
office of the	egistered agent, or both, in the State of Florida, Such change wa m familiar with, and accept the obligations of, Section 607.0505,	s authorized by the corpora	ation's board of directors. I hereby acce	pt the appoi	ntment a s	registered
·	in familiar with, and accept the obligations of, Section 607.0005,	riolida Statutes.				
GNATURE:	Sharabre, typod or ported name of registered agent and title if applicable (N	OTE: Registered Agent signature requ	ulred when reinstating)	DATE		
<u></u>	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND I	DIRECTOR	S IN 12
if	PD DELETE		RESIDENT		Change	Additio
1	COMEN DUBERT /					
NME [COHEN, ROBERT	1.2 NAME	DHENI ROBERT			
	336 ATLANTIC AVE		ONEN, ROBERT	1		
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Information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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 or, an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BRINING OFFICER OR BIRECTOR

4-15-91

Daytime Phone #

0006896