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Apr 21 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 # M81178 (9)
1. Corporation Name
COHEN'S FASHION OPTICAL OF TREASURE COAST, INC.

Principal Place of Business
336 ATLANTIC AVE
EAST ROCKAWAY NY 11518
US

Mailing Address
336 ATLANTIC AVE
EAST ROCKAWAY NY 11518-1124
US

3. Date Incorporated or Qualified 05/17/1988
3a. Date of Last Report 06/28/1996

2. Principal Place of Business
21 COHEN Fashion Optical
Suite, Apt. #, etc.
22 1500 Hempstead TPK
City & State
23 East Meadow N.Y.
Zip
24 11554
Country
25 U.S.
2a. Mailing Address
26 COHEN Fashion Optical
Suite, Apt. #, etc.
27 1500 Hempstead TPK
City & State
28 East Meadow N.Y.
Zip
29 11554
Country
30 U.S.

4. FEI Number 11-2945118
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC
417 EAST VIRGINIA STREET, 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 PD
NAME COHEN, ROBERT
STREET ADDRESS 336 ATLANTIC AVE
CITY-ST-ZIP EAST ROCKAWAY NY
TITLE SD
NAME COHEN, EDWARD
STREET ADDRESS 336 ATLANTIC AVE
CITY-ST-ZIP EAST ROCKAWAY NY
TITLE TD
NAME COHEN, ALAN
STREET ADDRESS 336 ATLANTIC AVE
CITY-ST-ZIP EAST ROCKAWAY NY
TITLE V
NAME COHEN, RICHARD
STREET ADDRESS 336 ATLANTIC AVE
CITY-ST-ZIP EAST ROCKAWAY NY
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PRESIDENT
1.2 NAME COHEN, ROBERT
1.3 STREET ADDRESS 1500 HEMPSTEAD TPK
1.4 CITY-ST-ZIP EAST MEADOW, N.Y. 11554
2.1 TITLE SECRETARY
2.2 NAME COHEN, ALAN
2.3 STREET ADDRESS 1500 HEMPSTEAD TPK
2.4 CITY-ST-ZIP EAST MEADOW, N.Y. 11554
3.1 TITLE Vice President
3.2 NAME Steinfeld, Anita
3.3 STREET ADDRESS 1500 HEMPSTEAD TPK
3.4 CITY-ST-ZIP EAST MEADOW, N.Y. 11554
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006896

CR2E034 (9/96)