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Mar 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
COHEN FASHION OPTICAL
1500 HEMPSTEAD TPK
EAST MEADOW NY 11554
US

Mailing Address
SAME
EAST ROCKAWAY NY 11518
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 1500 HEMPSTEAD TPK		05/17/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		11-2945118	
City & State		City & State		Applied For	
23		28 EAST MEADOW NY		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29 11554		30 USA	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
25		30		7. This corporation owes or has paid the current year Intangible	
25		30		Personal Property Tax due June 30.	
25		30		8. 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
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	P	1.1 TITLE	
NAME	COHEN, ROBERT	1.2 NAME	
STREET ADDRESS	1500 HEMPSTEAD TPK	1.3 STREET ADDRESS	
CITY-ST-ZIP	EAST MEADOW NY	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	COHEN, ALAN	2.2 NAME	
STREET ADDRESS	1500 HEMPSTEAD TPK	2.3 STREET ADDRESS	
CITY-ST-ZIP	EAST MEADOW NY	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	STEINFELD, ANITA	3.2 NAME	
STREET ADDRESS	1500 HEMPSTEAD TPK	3.3 STREET ADDRESS	
CITY-ST-ZIP	EAST MEADOW NY	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

2/23/98

CR2E034 (10/97)