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Mar 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 # P19796 (2)  
1. Corporation Name  
OPSALES/LENSERVICE, INC.

Principal Place of Business  
203 LONG BEACH ROAD  
ISLAND PARK NY 11558-1513

Mailing Address  
203 LONG BEACH ROAD  
ISLAND PARK NY 11558-1513

3. Date Incorporated or Qualified 06/24/1988  
3a. Date of Last Report 04/10/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 11-2570419	Applied For Not Applicable
21. State, Apt. #, etc.	26. State, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

NOHRR, D.A.  
100 RIALTO PLACE  
SUITE 800  
MELBOURNE FL 32901

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDV	11. TITLE	
NAME	FRIEDMAN, SIDNEY	12. NAME	
STREET ADDRESS	3388 OCEAN HARBOR DR.	13. STREET ADDRESS	
CITY - ST - ZIP	OCEANSIDE NY	14. CITY - ST - ZIP	
TITLE	D	2.1. TITLE	
NAME	FRIEDMAN, DEAN N.	2.2. NAME	
STREET ADDRESS	376 CENTRAL AVE.	2.3. STREET ADDRESS	
CITY - ST - ZIP	LAWRENCE NY	2.4. CITY - ST - ZIP	
TITLE	D	3.1. TITLE	
NAME	GOLDSTEIN, JULIAN M.	3.2. NAME	
STREET ADDRESS	137 DUTCHESS BLVD.	3.3. STREET ADDRESS	
CITY - ST - ZIP	ATLANTIC BEACH 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 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: *Sidney Friedman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97 516-889-5800  
DATE DAYTIME PHONE NO.

0006843

CR2E034 (9/96)