

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P27386** (2)  
1. Corporation Name  
**ESSILOR OF AMERICA, INC.**

Principal Place of Business <b>2400 118TH AVE NORTH ST PETERSBURG FL 33716</b>	Mailing Address <b>2400 118TH AVE NORTH ST PETERSBURG FL 33716</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>12/20/1989</b>	
4. FEI Number <b>13-3298932</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>XXX</b> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> <b>XXX</b> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>SCHON, JONI 2400 118TH AVE. NORTH ST. PETERSBURG FL 33716</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CEO	<input type="checkbox"/> DELETE		1.1 TITLE	SEE STATEMENT 1 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STOERR, JACQUES			1.2 NAME			
STREET ADDRESS	2400-118 AVE NORTH			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL			1.4 CITY-ST-ZIP			
TITLE	VCFO	<input type="checkbox"/> DELETE		2.1 TITLE	SEE STATEMENT 1 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHON, JONI			2.2 NAME			
STREET ADDRESS	2400 118TH AVE N.			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SEE STATEMENT 1 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	D'ORVAL, CYRILLE			3.2 NAME			
STREET ADDRESS	1471 RUC DE PARIS			3.3 STREET ADDRESS			
CITY-ST-ZIP	CEDEX, FRANCE			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  **Joni Schon, V.P. & C.F.O.** 4/6/98 (813) 572-0844

CR2E034 (10/97)

**ESSILOR OF AMERICA, INC**

**Officers**

Jacques Stoerr  
2400 118<sup>th</sup> Avenue North  
St. Petersburg, FL 33716

Joni Schon  
2400 118<sup>th</sup> Avenue North  
St. Petersburg, FL 33716

**Directors**

Jacques Stoerr  
2400 118<sup>th</sup> Avenue North  
St. Petersburg, FL 33716

Gabriel Aufaure  
147 Rue de Paris  
94227 Charenton, France

Philippe Alfroid  
147 Rue de Paris  
94227 Charenton, France

Claude Brignon  
147 Rue de Paris  
94227 Charenton, France

Bernard Maitenaz  
147 Rue de Paris  
94227 Charenton, France

Guy Vareilles  
2400 118<sup>th</sup> Avenue North  
St. Petersburg, FL 33716