05191999-90011-007-$600.00-$150.00

**··PROFIT
CORPORATION
ANNUAL REPORT
1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V42610

1. Corporation Name

STERLING VISION OF PADDOCK MALL, INC.

Principal Place of Business	Mailing Address
1500 HEMPSTEAD TURNPIKE EAST MEADOW NY 11554 US	1500 HEMPSTEAD TURNPIKE EAST MEADOW NY 11554 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
06/10/1992

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25	Zip 29	Country 30

4. FEI Number
11-3116294
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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, ROBERT	1.2 NAME	
STREET ADDRESS	280 DOLPHIN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	WOODMERE NY	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE President	☒ Change ☐ Addition
NAME	COHEN, ALAN	2.2 NAME	
STREET ADDRESS	3 SURREY LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OLD WESTBURY NY	2.4 CITY-ST-ZIP	
TITLE	T ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, EDWARD	3.2 NAME	
STREET ADDRESS	19667 TURNBERRY WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	P ☒ DELETE	4.1 TITLE VP	☐ Change ☐ Addition
NAME	JERRY G LEWIS	4.2 NAME Jerry Daniel	
STREET ADDRESS	3337 HARBOR POINT	4.3 STREET ADDRESS 152 Old Willets Path	
CITY-ST-ZIP	BALDWIN HARBOR NY 11510	4.4 CITY-ST-ZIP Smithtown NY 11767	
TITLE	T ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAM J YOUNG	5.2 NAME	
STREET ADDRESS	12 WINDING LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	RUNKONKOMA NY 11779	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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, with all other like empowered.

SIGNATURE: ___SIGNATURE REQUIRED___ William J Young   6/7/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)