

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Apr 17 1996 8:00 am  
Secretary of State

DOCUMENT # 149842 (7)  
1. Corporation Name

STYL-RITE OPTICAL MFG. CO., INC.



Principal Place of Business: 2760 IRVING BLVD. DALLAS TX 75207  
Mailing Address: 2760 IRVING BLVD. DALLAS TX 75207

2. Principal Place of Business  
21 GLEN OAKS INDUSTRIAL PARK

2a. Mailing Address  
26 GLEN OAKS INDUSTRIAL PARK

22 P.O. Box 157  
City & State

27 P.O. Box 157  
City & State

23 GLENDSRA, NEW JERSEY  
Zip 08029 Country US

28 GLENDSRA, NEW JERSEY  
Zip 08029 Country US

24 08029

25 US

29 08029

30 US

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified: 01/17/1947  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-0562932 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  
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0507 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 in block letters below

DATE

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, WILLIAM A	
STREET ADDRESS	2760 IRVING BLVD.	
CITY-ST-ZIP	DALLAS TX	
TITLE	TCS	<input type="checkbox"/> DELETE
NAME	MCHENRY, GEORGE E JR	
STREET ADDRESS	2760 IRVING BLVD	
CITY-ST-ZIP	DALLAS TX	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, WILLIAM A., JR	
STREET ADDRESS	2760 IRVING BLVD	
CITY-ST-ZIP	DALLAS TX	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	MCGRATH, JAMES M	
STREET ADDRESS	2760 IRVING BLVD.	
CITY-ST-ZIP	DALLAS TX	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	SCHMIDT, GAYLE E	
STREET ADDRESS	2760 IRVING BLVD.	
CITY-ST-ZIP	DALLAS TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	GLEN OAKS INDUSTRIAL PARK, P.O. Box 157
1.4 CITY-ST-ZIP	GLENDSRA, NJ 08029
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	GLEN OAKS INDUSTRIAL PARK, P.O. Box 157
2.4 CITY-ST-ZIP	GLENDSRA, NJ 08029
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	GLEN OAKS INDUSTRIAL PARK, P.O. Box 157
4.4 CITY-ST-ZIP	GLENDSRA, NJ 08029
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	GLEN OAKS INDUSTRIAL PARK
5.4 CITY-ST-ZIP	GLENDSRA, NJ 08029
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE E. MCHENRY, JR  
SECRETARY/TREASURER

D.S.

Daytime Phone #

(609) 228-1000

CR2E034 (12/95)