

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

FILED

97 JUL 18 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # 149842 (7)**  
1. Corporation Name  
**STYL-RITE OPTICAL MFG. CO., INC.**

Principal Place of Business Mailing Address  
**C/O GLEN OAKS INDUSTRIAL PARK P.O. BOX 187 GLENDORA NJ 08029 US**

3. Date Incorporated or Qualified **01/17/1947** 3a. Date of Last Report **04/17/1996**  
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

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

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 tele if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARTZ, WILLIAM A</b>	1.2 NAME	
STREET ADDRESS	<b>2700 IRVING BLVD.</b>	1.3 STREET ADDRESS	<b>10 Harmon Drive</b>
CITY-ST-ZIP	<b>DALLAS TX</b>	1.4 CITY-ST-ZIP	<b>Glendora, N.J. 08029</b>
TITLE	<b>TCB</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCHENRY, GEORGE E JR</b>	2.2 NAME	
STREET ADDRESS	<b>2700 IRVING BLVD</b>	2.3 STREET ADDRESS	<b>10 Harmon Drive</b>
CITY-ST-ZIP	<b>DALLAS TX</b>	2.4 CITY-ST-ZIP	<b>Glendora, N.J. 08029</b>
TITLE	<b>CEO</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARTZ, WILLIAM A., JR</b>	3.2 NAME	
STREET ADDRESS	<b>2700 IRVING BLVD</b>	3.3 STREET ADDRESS	<b>-PO Box 187, N/A</b>
CITY-ST-ZIP	<b>DALLAS TX</b>	3.4 CITY-ST-ZIP	<b>Glendora, N.J. 08029</b>
TITLE	<b>EVP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGRATH, JAMES M</b>	4.2 NAME	
STREET ADDRESS	<b>2700 IRVING BLVD.</b>	4.3 STREET ADDRESS	<b>10 Harmon Drive</b>
CITY-ST-ZIP	<b>DALLAS TX</b>	4.4 CITY-ST-ZIP	<b>Glendora, N.J. 08029</b>
TITLE	<b>EVP</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHMDT, GAYLE E</b>	5.2 NAME	<b>900002250139--0</b>
STREET ADDRESS	<b>2700 IRVING BLVD.</b>	5.3 STREET ADDRESS	<b>-07/29/97--01031--010</b>
CITY-ST-ZIP	<b>DALLAS TX</b>	5.4 CITY-ST-ZIP	<b>***1100.00 ****\$550.00</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>EX. VP President of Finance</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>REid Eikner</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>10 Harmon Drive</b>

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 *[Signature]* DATE *[Date]*

CR2E034 (9/96)