

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 149842

**Entity Name:** STYL-RITE OPTICAL MFG. CO., INC.

**Current Principal Place of Business:**

C/O GLEN OAKS INDUSTRIAL PARK  
1 HARMON DRIVE  
BLACKWOOD, NJ 08012

**Current Mailing Address:**

C/O GLEN OAKS INDUSTRIAL PARK  
P.O. BOX 187  
GLENDORA, NJ 08029 US

**FEI Number:** 59-0562932

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LEVY, ADAM  
Address        C/O GLEN OAKS INDUSTRIAL PARK  
                  1 HARMON DRIVE  
City-State-Zip: BLACKWOOD NJ 08012

Title            SECRETARY  
Name            DELLOMO, GINO  
Address        C/O GLEN OAKS INDUSTRIAL PARK  
                  1 HARMON DRIVE  
City-State-Zip: BLACKWOOD NJ 08012

Title            DIRECTOR  
Name            BROTMAN, KENNETH  
Address        C/O GLEN OAKS INDUSTRIAL PARK  
                  1 HARMON DRIVE  
City-State-Zip: BLACKWOOD NJ 08012

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ADAM LEVY

**PRESIDENT**

**04/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date