

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

**FILED**

**Jan 23 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # F96000002800 (8)**

1. Corporation Name  
**VISION-EASE LENS, INC.**



Principal Place of Business: **7100 NORTHLAND CIRCLE, #312  
BROOKLYN PARK MN 55428**  
Mailing Address: **7100 NORTHLAND CIRCLE, #312  
BROOKLYN PARK MN 55428-1500**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

3a. Date of Last Report

**06/04/1996**

**N/A**

4. FEI Number

Applied For

**41-1837709**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH 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

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: **PD**  DELETE  
NAME: **ROGERS, RAY**  
STREET ADDRESS: **7100 NORTHLAND CIRCLE, #312**  
CITY - ST - ZIP: **BROOKLYN PARK MN 55428**

1.1 TITLE:  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE: **VD**  DELETE  
NAME: **BURKE, PAUL**  
STREET ADDRESS: **2 APPLETREE SQUARE, #400**  
CITY - ST - ZIP: **MINNEAPOLIS MN 55425**

2.1 TITLE:  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE: **STD**  DELETE  
NAME: **HAWKS, MICHAEL**  
STREET ADDRESS: **2 APPLETREE SQUARE, #400**  
CITY - ST - ZIP: **MINNEAPOLIS MN 55425**

3.1 TITLE:  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE: **V**  DELETE  
NAME: **EGGERS, MICHAEL**  
STREET ADDRESS: **7100 NORTHLAND CIRCLE, #312**  
CITY - ST - ZIP: **BROOKLYN PARK MN 55428**

4.1 TITLE:  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

5.1 TITLE:  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

6.1 TITLE:  Change  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 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, on an attachment with an address.

SIGNATURE:

*Michael P. Hawks*  
**MICHAEL P. HAWKS**

**1/13/97**

**(612) 851-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0481150

CR2E034 (9/96)