

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 702966 (3)

1. Corporation Name

FLORIDA LIONS EYE BANK, INC.



Principal Place of Business

Mailing Address

900 NW 17TH ST  
BOX 016880 (ZIP 33101)  
MIAMI FL 33101-6880

900 NW 17TH ST  
BOX 016880 (ZIP 33101)  
MIAMI FL 33101-6880

3. Date Incorporated or Qualified  
10/03/1961

3a. Date of Last Report  
02/28/1995

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

4. FEI Number

59-0967012

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

MARY ANNE TAYLOR  
900 N.W. 17 STREET  
FLORIDA LIONS EYE BANK  
MIAMI FL 33136

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 617.0502 and 617.1508, 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 617.0503, 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	<input checked="" type="checkbox"/> DELETE
NAME	MATO, EDGAR W.	
STREET ADDRESS	30466 CEDAR RD.	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DAVIS, ANNE	
STREET ADDRESS	374 N BISCAYNE RIVER DRIVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BOLADO, JOSE	
STREET ADDRESS	2900 GALIANO STREET	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DAUBERT, THOMAS	
STREET ADDRESS	1110 NW 129TH ST.	
CITY - ST - ZIP	NORTH MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DAWSON, ROBERT	
STREET ADDRESS	8532 NW 27TH DRIVE	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHITWOOD, BARRY	
STREET ADDRESS	3000 NW 5TH TERRACE	
CITY - ST - ZIP	POMPANO BEACH FL	

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lino de laHera	
1.3 STREET ADDRESS	580 South Drive	
1.4 CITY - ST - ZIP	Miami, FL 33166	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Edward Prellowitz	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	828 NE 97th St	
3.3 STREET ADDRESS	Miami Shores, FL 33138	
3.4 CITY - ST - ZIP		
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward B. Prellowitz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-96  
Date

305-251-9064  
Daytime Phone #

CR2E037 (12/95)