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

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 27 1997 8:00am

Secretary of State

3a. Date of Last Report

02/15/1996

Applied For

Not Applicable

3. Date Incorporated or Qualified

10/03/1961

59-0967012

4. FEI Number

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

900 NW 17TH ST BOX 016880 (ZIP 33101) MIAMI FL 33101-6880 702966

(3)

Mailing Address

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

2a. Mailing Address

26

FLORIDA LIONS EYE BANK, INC.

Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.					5. Certificate of Status Desired	N	\$8.75 A	dditional		
2			27	4 I					5. Certificate of Status Desired	μ.	Fee Re	quired	
City & State	City & State			City & State					6. Election Campaign Financing Trust Fund Contribution	, , , , , , , , , , , , , , , , , , ,			
Zıp			Country				8. This corporation has liability for intangible tax under s. 199.032,						
25 29					30	30			Florida Statutes		No No		
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
							81 Name					į.	
MARY ANNE TAYLOR							82 Street Address (P.O. Box Number is Not Acceptable)					· · · · · · · · · · · · · · · · · · ·	
900 N.W. 17 STREET						83							
FLORIDA			03										
miami fi		84 City FL				85 Zip C	ode						
						<del>-                                </del>				obanaina ite	rogistored		
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.													
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 OFF		DIRECTOR	S IN 12	
THLE	SD			DELETE 1.1			TITLE			· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME	DE LA HE	ra, lino		1			1.2 NAME						
STREET ADDRESS					1.3 \$1	rreet ,	ADDRESS						
CITY-ST-ZIP	MIAMI FL		1,4 CI	1.4 CITY-ST-ZIP									
TITLE	<b>VD</b> □ DEL				2.1 Te	2.1 TITLE					☐ Change	☐ Addition	
NAME	DAVIS, AN		2.2 N	2.2 NAME									
STREET ADDRESS	S 374 N BISCAYNE RIVER DRIVE				2.3 \$1	2.3 STREET ADDRESS							
CITY - ST - ZIP	MIAMI FL					ity-s	T-ZIP						
TITLE	VD		•	_			TITLE				Change	☐ Addition	
NAME	PRELLWITZ, EDWARD				3.2 N								
STREET ADDRESS	828 NE 93						.3 STREET ADDRESS						
CITY - ST - ZIP	MIAMI SH	ORES FL		DELETE			3.4. CITY-ST-ZIP 4.1 TITLE				Change	Addition	
TITLE	P	THOMAS		DELETE	4.1 II 4. 2 N						L. CHANGE	Addition	
NAME	1	, THOMAS					1000000						
STREET ADDRESS		129TH ST.					4.3 STREET ADDRESS 4.4 CITY-ST-ZIP						
CITY-S1-ZIP TITLE	NORTH M	MMI_FL		DELETE	4.4 C		1 - ZIF	0			Change	Addition	
NAME	DAWSON,	DOREDT			5.2 N			P	T)				
STREET ADDRESS		27TH DRIVE					ADDRESS 1						
CITY-S1-ZiP		PRINGS FL			1	ITY-S'							
TITLE	VD.	THITOUTE	·	DELETE	6.1 TI				_		Change	Addition	
NAME	CHITWOO	D. BARRY			6.2 N	AME							
STREET ADDRESS		5TH TERRACE					ADDRESS						
CITY-ST-ZIP	5645146 55461 51						T-21P						
14. I do hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name													
SIGNAT	SIGNATURE:  SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICES OR DIRECTOR  Date  Description Proces of Control of Co												