

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

**FILED**  
**Feb 03 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 702966 (3)**  
 1. Corporation Name  
**FLORIDA LIONS EYE BANK, INC.**



Principal Place of Business	Mailing Address
900 NW 17TH ST <del>BOX 016880 (ZIP 33101)</del> MIAMI FL <del>33101-6880</del> <b>33136</b>	<del>900 NW 17TH ST</del> BOX 016880 (ZIP 33101) MIAMI FL 33101-6880

3. Date Incorporated or Qualified	10/03/1961
4. FEI Number	59-0967012
Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28. Zip
Country	Country
24. Country	25. Country
29. Country	30. Country

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 817.0502 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, ANNE	
STREET ADDRESS	374 N BISCAYNE RIVER DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PRELLWITZ, EDWARD	
STREET ADDRESS	828 NE 97TH ST	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	PD	<input checked="" 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	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	P.D. P. Dee Stephenson, M.D.
4.3 STREET ADDRESS	200 Palermo Place
4.4 CITY-ST-ZIP	Venice, FL 34285
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T.D. Mike San Miguel
5.3 STREET ADDRESS	4442 Sen Grape Drive
5.4 CITY-ST-ZIP	Lauderdale By the Sea, FL
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *P. Dee Stephenson, M.D.* 1/18/98 941-485-1121

CR2E037 (10/97)