FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G57912 (9)

1. Corporation Name
ABEONA CORPORATION

Principal Place of Business	Mailing Address
814 SEABREEZE DR. RUSKIN FL 33570	814 SEABREEZE DR. RUSKIN FL 33570

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/01/1983
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-5337863 ☐ Applied For ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DYAL, LUCIUS M., JR.
501 EAST KENNEDY BLVD., SUITE 1400
TAMPA FL 33602

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	KAISER, THERESA K.	1.2 NAME	
STREET ADDRESS	433 DURRELL CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KESTNER, HARRY, F., JR.	2.2 NAME	
STREET ADDRESS	6488 N.W. 20TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MCNEAL, NANCY K.	3.2 NAME	
STREET ADDRESS	1970 N.E. 55TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	KESTNER, MARY M.	4.2 NAME	
STREET ADDRESS	900 N.E. 18TH AVE.,#906	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	KESTNER, EDWARD J	5.2 NAME	
STREET ADDRESS	814 SEABREEZE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN, FL 00000	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	KAISER, THERESA K	6.2 NAME	
STREET ADDRESS	433 DURRELL CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	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)(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, or on an attachment with an address.

SIGNATURE: Edward J. Kestner — 4/15/95 — 813-645-2457
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0441000 FP