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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G57912

(9)

**ABEONA CORPORATION** 

| 814 SEABREEZE DR.           | 814 SEABREE   |
|-----------------------------|---------------|
| Principal Place of Business | Mailing Addro |

## **FILED** Apr 18 1997 8:00am Secretary of State



| 814 SEABREE<br>RUSKIN FL 33          | ZE DR.<br>570  | 814 SEABREEZE DR.<br>RUSKIN FL 33570-290                          | 3   |                    |                          |   |   |           |                                   |                   |  |  |
|--------------------------------------|--|---|---|--------------------|--------------------------|---|---|-----------|-----------------------------------|-------------------|--|--|
|                                      |  |   |   |                    | 3.                       | Date Incorporated or Qualified 09/01/1983 | 1ified <b>3a.</b> Date of Last <b>04/16/199</b>                         |           | , ,                               |                   |  |  |
| 2. Principal Place of Business<br>21 |  | 2a. Mailing Address   |   |                    |                          | 4.  | FEI Number 59-5337863   |           | Applied For<br>Not Applicable     |                   |  |  |
| Sulte, Apt. #, etc.                  |  | Suite, Apt. #, etc.   | Suite, Apt. #, etc.   |                    |                          | 5.  | Certificate of Status Desired   |           | \$8.75 Additional<br>Fee Required |                   |  |  |
| City & State                         | 0  | City & State  |   |                    |                          | 6.  | Election Campaign Financing Trust Fund Contribution                     |           | \$5.00 May Be<br>Added to Fees    |                   |  |  |
| Zip<br>24                            | Country  | Z(p)  | 30 Cou  | ntry               |                          | 8.  | This corporation has liability for in                                   | ntangible | e tax under s. 199.032,           |                   |  |  |
| 241                                  | [25]<br>9. Name and Address of Cu  |   | Florida Statutes Yos X No  10. Name and Address of New Registered Agent |                    |                          |   |   |           |                                   |                   |  |  |
| DYAL, LUCIUS M., JR.                 |  |   |   |                    |                          |   |   |           |                                   |                   |  |  |
| 501 EAST KENNEDY BLVD., SUITE 1400   |  |   |   |                    | Street Add               | lress (F                                  | O. Box Number is Not Acceptable   |           |                                   |                   |  |  |
| TAMPA FL 33602                       |  |   | -   | 83                 |                          |   | AA-TA - A-T-A-A-A-A-A-A-A-A-A-A-A-A-A-A-                                |           | <del></del>                       |                   |  |  |
|                                      |  |   | •   | 84                 | City                     |   |   | FL        | 85                                | Zip Code          |  |  |
| 11. Pursuant office or r             | to the provisions of Sections 607 egistered agent, or both, in the 5   | .0502 and 607.1508, Florida St<br>State of Florida, Such change w | atutes, the ab<br>as authorized   | ove<br>by          | named con<br>the corpora | poratio                                   | n submits this statement for the purposed of directors. I hereby accept |           | L L<br>changi<br>pintmer          | ng its registered |  |  |
| agent. I a<br>SIGNATURE              | 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 registers  | nd agent and fit e if applicable                                  | (NOTE: Registered   | l Agor             | nt signature requi       | ired when                                 | reinstating)  | DATE      |                                   |                   |  |  |
| 12.                                  | <del></del>  | S AND DIRECTORS   | 13.   |                    |                          |   | ADDITIONS/CHANGES TO OFFICE   |           |                                   |                   |  |  |
| TITLE                                | D MAIOCO TUCDECA M   | ☐ DELETE  | 1.1 1/1   |                    |                          |   |   |           | Cha                               | nge 🔲 Addition    |  |  |
| NAME<br>AVOPEY ADDRESS               | KAISER, THERESA K.<br>433 DURRELL CIRCLE   |   |   | 1.2 NAME           |                          |   |   |           |                                   |                   |  |  |
| STREET ADDRESS CITY-ST-ZIP           | MANAGE LIANGEL CO  |   |   | ADDRESS            |                          |   |   |           | -                                 |                   |  |  |
| TITLE                                | D  | DELETE  | 1.4 CIT<br>2.1 TiT  |                    | 1.724                    |   |   |           | Chai                              | nge               |  |  |
| NAME                                 | WATER HARRY F IR   |   | 2.2 NA  |                    |                          |   |   |           |                                   |                   |  |  |
| STREET ADDRESS                       | 6488 N.W. 20TH ST.   |   | 2.3 \$16  | 2.3 STREET ADORESS |                          |   |   |           |                                   |                   |  |  |
| CITY+ST-ZIP                          | MAROATE EL   |   | 2 4 01  | 17.5               | 1-2IP                    |   |   |           |                                   |                   |  |  |
| TITLE                                | DELETE 3.170   |   | LĒ  |                    |                          |   |   | Chai      | nge Addition                      |                   |  |  |
| NAME                                 | MCNEAL, NANCY K.   |   | 3.2 NAI   | ME                 | 1                        |   |   |           |                                   |                   |  |  |
| STREET ADDRESS                       | 1070 11100   |   |   | ADDRESS            |                          |   |   |           | İ                                 |                   |  |  |
| CITY-ST-ZIP<br>TITLE                 | FT. LAUDERDALE FL  | DELETE  | 3.4. CII  |                    | I - ZIP                  |   |   |           | Char                              | nge 🔲 Addition    |  |  |
| NAME                                 | KESTNER, MARY M.   | נַיַן גענניונ   | 4.1 TITI<br>4.2 NA  |                    |                          |   |   | '         |                                   | ige               |  |  |
| STREET ADDRESS                       | 900 N.E. 18TH AVE.,#906  |   |   |                    | ADDRESS                  |   |   |           |                                   |                   |  |  |
| CITY-ST-ZIP                          | FT. LAUDERDALE FL  |   | 4.4 C/T   |                    |                          |   |   |           |                                   |                   |  |  |
| TITLE                                | PÒ   | ☐ DELFTE  | 5.1 1(1)  |                    |                          |   | -   |           | Char                              | nge Addition      |  |  |
| NAME                                 | Kestner, Edward J  |   | 5.2 NA  | ME                 |                          |   | •   |           |                                   |                   |  |  |
| STREET ADDRESS                       | STREET ADDRESS 814 SEABREEZE DRIVE 53 S1F  |   | REF1 /  | ADDRESS            |                          |   |   |           | ļ                                 |                   |  |  |
| CITY-ST-ZIP                          | RUSKIN, FL 00000   | mananan mananan mananan manan jagaran manan                       | 5.4 C(1   |                    | - 7(P                    |   |   |           |                                   |                   |  |  |
| TITLE                                | 8  | ☐ DELETE  | 6.1 1(1)  |                    |                          |   |   | [         | Char                              | nge 🔲 Addition    |  |  |
| NAME                                 | KAISER, THERESA K  |   | 6.2 NAI   |                    |                          |   |   |           |                                   |                   |  |  |
| STREET ADDRESS 433 DURREUL CIRCLE    |  |   |   | 6.3 STREET ADDRESS |                          |   |   |           |                                   |                   |  |  |
| CITY-ST-ZIP                          | WINTER HAVEN, FL 00000   | 1   | 6.4 CIT   | Y · ST             | - ZIP                    |   |   |           |                                   | 1                 |  |  |

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 eath; that I am an officer or director of the corporation or the receiver or trusted 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.