

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90115 010 \*\*\*150.00

DOCUMENT # G57912

1. Corporation Name

ABEONA CORPORATION

Principal Place of Business

814 SEABREEZE DR.  
RUSKIN FL 33570

Mailing Address

814 SEABREEZE DR.  
RUSKIN FL 33570

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1983

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME KAISER, THERESA K.  
STREET ADDRESS 433 DURRELL CIRCLE  
CITY-ST-ZIP WINTER HAVEN FL

TITLE D ☐ DELETE

NAME KESTNER, HARRY, F., JR.  
STREET ADDRESS 6488 N.W. 20TH ST.  
CITY-ST-ZIP MARGATE, FL

TITLE D ☐ DELETE

NAME MCNEAL, NANCY K.  
STREET ADDRESS 1970 N.E. 55TH ST.  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☐ DELETE

NAME KESTNER, MARY M.  
STREET ADDRESS 2500 NE 48TH LN #801  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE PD ☐ DELETE

NAME KESTNER, EDWARD J  
STREET ADDRESS 814 SEABREEZE DRIVE  
CITY-ST-ZIP RUSKIN, FL 00000

TITLE S ☒ DELETE

NAME KAISER, THERESA K  
STREET ADDRESS 433 DURRELL CIRCLE  
CITY-ST-ZIP WINTER HAVEN, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Kaiser, Theresa K.  
1.3 STREET ADDRESS 119 Morning Glory Circle  
1.4 CITY-ST-ZIP Winter Haven FL 33884

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE S ☒ Change ☐ Addition

6.2 NAME Kaiser, Theresa K.  
6.3 STREET ADDRESS 119 Morning Glory Circle  
6.4 CITY-ST-ZIP Winter Haven FL 33884

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Edward J. Kestner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward J. Kestner

4-10-99 (813)645-2457

Date

Daytime Phone #

CR2E034 (1/98)