

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90055 018 ****61.25

0038025

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N95000000944

1. Corporation Name

BROWARD COUNTY EYE FOUNDATION, INC.

Principal Place of Business

6500 NOVA DR.
DAVIE FL 33317

Mailing Address

6500 NOVA DR.
DAVIE FL 33317



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/24/1995

4. FEI Number

65-0622742

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

9. Name and Address of Current Registered Agent

**NEIMARK, CORT A
800 CORPORATE DR.
SUITE 420
FT. LAUDERDALE FL 33334**

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 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.

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 **MCSOLEY, JOHN**
STREET ADDRESS **5408 W PARK RD**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **P** ☐ DELETE
NAME **BRAUSS, JAMES R O.D.**
STREET ADDRESS **1528 N.E. 4TH AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

TITLE **D** ☒ DELETE
NAME **DIAMOND, LEROY O.D.**
STREET ADDRESS **2150 N.E. 206TH ST.**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE **T** ☐ DELETE
NAME **GARTNER, SCOTT**
STREET ADDRESS **2053 N UNIVERSITY DR**
CITY-ST-ZIP **SUNRISE FL**

TITLE **D** ☐ DELETE
NAME **SCHATZ, SCOTT**
STREET ADDRESS **3200 S UNIVERSITY DR**
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **S** ☐ DELETE
NAME **DAVIS, SANDRA B**
STREET ADDRESS **1528 NE 4TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33304**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PRESIDENT

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

DIRECTOR

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

BRAUSS, SANDRA

☒ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)