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2-28-95B-1651 XC

CORPORATION ANNUAL REPORT

1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:20

DOCUMENT # 702966 (3)

1. Corporation Name

FLORIDA LIONS EYE BANK, INC.

Principal Place of Business	Mailing Address
900 NW 17TH ST BOX 016880 (ZIP 33101) MIAMI FL 33101-6880	900 NW 17TH ST BOX 016880 (ZIP 33101) MIAMI FL 33101-6880

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/1961	3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-0967012	☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status: ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARY ANNE TAYLOR 900 N.W. 17 STREET FLORIDA LIONS EYE BANK MIAMI FL 33136	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	VD	11 TITLE	President ☒ Change ☐ Addition
NAME	MATO, EDGAR W.	12 NAME	
STREET ADDRESS	30466 CEDAR RD.	13 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	SD ☒ Change ☐ Addition
NAME	SMITH, EDWARD	22 NAME	Anne Davis
STREET ADDRESS	25800 HICKORY BLVD F204	23 STREET ADDRESS	374 N. Biscayne River Drive
CITY-ST-ZIP	BONITA SPRINGS FL	24 CITY-ST-ZIP	Miami, Florida 33169
TITLE	VD	31 TITLE	VD ☒ Change ☐ Addition
NAME	GAGE, MARIE	32 NAME	Jose Bolado
STREET ADDRESS	14000 SW 83 STREET	33 STREET ADDRESS	2900 Galiano Street
CITY-ST-ZIP	MIAMI FL 33183	34 CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	TD	41 TITLE	VD ☒ Change ☐ Addition
NAME	DAUBERT, THOMAS	42 NAME	
STREET ADDRESS	1110 NW 129TH ST.	43 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	VD ☒ Change ☐ Addition
NAME	MILLIAGAN, HENRY V	52 NAME	Robert Dawson
STREET ADDRESS	7107 NW 68TH ST.	53 STREET ADDRESS	8532 NW 27th Drive
CITY-ST-ZIP	TAMARAC FL	54 CITY-ST-ZIP	Coral Springs, Florida 33065
TITLE	VD	61 TITLE	VD ☒ Change ☐ Addition
NAME	BUTCHINO, ALAN	62 NAME	Barry Chitwood
STREET ADDRESS	107 CAMELOT CIR	63 STREET ADDRESS	3000 NW 5th Terrace
CITY-ST-ZIP	ROYAL PALM BHC FL	64 CITY-ST-ZIP	Pompano Beach, FL. 33064

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward R. Bradham 2/28/95 305-751-9064

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0040701