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**Mar 22, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 716755**

1. Corporation Name

**BROWARD LIONS EYE FOUNDATION, INC.**

Principal Place of Business

4640 EL MAR DR.  
LAUDERDALE BY THE SEA FL 33308

Mailing Address

4640 EL MAR DR.  
LAUDERDALE BY THE SEA FL 33308



2. Principal Place of Business

21 255 COMMERCIAL BLVD.

Suite, Apt. #, etc.  
200

City & State

23 LAUDERDALE BY THE SEA, FL

Zip Country

24 33308-4419 25 Broward

2a. Mailing Address

26 255 COMMERCIAL BLVD.

Suite, Apt. #, etc.  
200

City & State

28 LAUDERDALE BY THE SEA, FL

Zip Country

29 33308-4419 30 Broward

3. Date Incorporated or Qualified

06/17/1969

4. FEI Number

23-7036268

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

FORREST, JOHN R.  
4640 EL MAR DR.  
LAUDERDALE BY THE SEA FL 33308

10. Name and Address of New Registered Agent

81 Name SAN MIGUEL, MIKE  
82 Street Address (P.O. Box Number is Not Acceptable)  
255 COMMERCIAL BLVD.  
83 SUITE 200  
84 City LAUDERDALE BY THE SEA FL 85 Zip Code  
33308-4419

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 ☐ DELETE

TITLE P/D  
NAME PEARSON, NELS  
STREET ADDRESS 3100 NE 49TH TERR  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D  
NAME SAN MIGUEL, MICHAEL  
STREET ADDRESS 4442 SEA GRAPE DR  
CITY-ST-ZIP LAUDERDALE BY SEA FL

TITLE D  
NAME NELS PEARSON  
STREET ADDRESS 3100 NE 49TH TERR  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE TD  
NAME FORREST, JOHN R.  
STREET ADDRESS 4640 EL MAR DR  
CITY-ST-ZIP LAUDERDALE BY THE SEA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 JOHN DEL ZIO  
5.3 STREET ADDRESS 7045 NW 72nd Terrace  
5.4 CITY-ST-ZIP Boca Raton, FL 33487

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

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 491-7940

CR2E037 (1/98)

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