

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

95 FEB 27 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 718991 (3)**

1. Corporation Name  
**THE OPHTHALMOLOGY RESEARCH FOUNDATION, INC.**

Principal Place of Business Mailing Address  
P.O. BOX 015869 MIAMI FL 33101-2869 P.O. BOX 015869 MIAMI FL 33101-2869

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/11/1970</b>	3a. Date of Last Report <b>03/22/1994</b>
4. FEI Number <b>23-7081974</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**NORTON, EDWARD W. D  
1638 N.W. 10TH AVE  
MIAMI FL 33136**

10. Name and Address of New Registered Agent  
81 Name **JOHN G. CLARKSON**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1638 N.W. 10<sup>th</sup> AVE**  
83  
84 City **MIAMI** FL 85 Zip Code **33136**

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 *J. Clarkson* (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reconstituting) DATE:

12. OFFICERS AND DIRECTORS	
TITLE	<b>DP</b>
NAME	<b>NORTON, EDWARD W. D</b>
STREET ADDRESS	<b>1638 N.W. 10TH AVENUE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>SD</b>
NAME	<b>CURTIN, VICTOR T</b>
STREET ADDRESS	<b>1638 N.W. 10TH AVENUE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>TD</b>
NAME	<b>GASS, J DONALD</b>
STREET ADDRESS	<b>1638 N.W. 10TH AVENUE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>CLARKSON, JOHN G</b>
STREET ADDRESS	<b>1638 NW 10TH AVE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>DP</b>
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(2)(B), 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: *J. Clarkson* **JOHN G. CLARKSON** 2/18/95 305/326-6116  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)