


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732493** (2)

1. Corporation Name

SECOND SIGHT TAPING STUDIO, INC.

Principal Place of Business

Mailing Address

2153 SE OCEAN BLVD
STUART FL 34996
US

2153 SE OCEAN BLVD
STUART FL 34996-3305
US



3. Date Incorporated or Qualified 04/18/1975	3a. Date of Last Report 05/01/1996
4. FEI Number 51-0177933	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, 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

10. Name and Address of New Registered Agent

MCCORD, PEGGY J
1584 N.W. SPRUCE RIDGE DR.
STUART FL 34994

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT LEUKAS	1.2 NAME	
STREET ADDRESS	ONE MANDALAY ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANN HUBERT	2.2 NAME	
STREET ADDRESS	1800 SE ST. LUCIE BLVD., #9-206	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLINE M. ADAIR	3.2 NAME	Phil O'Neill
STREET ADDRESS	1130 SW CHAPMAN WAY #504	3.3 STREET ADDRESS	1735 SW St. Andrews Dr.
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIRGINIA MERRITT	4.2 NAME	Jordan Adams III
STREET ADDRESS	4326 SW LEIGHTON FARM ROAD	4.3 STREET ADDRESS	3900 Cheri Drive
CITY-ST-ZIP	PALM CITY FL	4.4 CITY-ST-ZIP	Jensen Beach, FL 34957
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIKE, GLORIA	5.2 NAME	Jackie Rusch
STREET ADDRESS	2815 S.E. ST. LUCIE BLVD.	5.3 STREET ADDRESS	5297 SW Anhinga Ave.
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERSON, FLORENCE	6.2 NAME	Florence Sanderson
STREET ADDRESS	2173 SW SPOONBILL DRIVE	6.3 STREET ADDRESS	2173 SW Spoonbill Dr.
CITY-ST-ZIP	PALM CITY FL	6.4 CITY-ST-ZIP	Palm City, FL 34990

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 as an attachment with an address.

SIGNATURE:  **SIGNATURE REQUIRED** **AMSTUE TREASURER** 4/29/97 (561) 288-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072107

CP2E037 (9/96)