

FILE NOW: FILING FEE IS \$61.25

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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		28 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		29 Zip	
25 Country		30 Country	
3. Date Incorporated or Qualified		4. FEI Number	
04/18/1975		51-0177933	
5. Certificate of Status Desired		Applied For	
<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> Not Applicable	
6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
<input type="checkbox"/>		<input type="checkbox"/>	
7. Is this nonprofit corporation a homeowners association?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P VINCENT LEUKAS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/NP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE MANDALAY ST	1.2 NAME	O'NEILL, PHIL
STREET ADDRESS	STUART FL	1.3 STREET ADDRESS	1735 SW ST ANDREWS DR
CITY-ST-ZIP		1.4 CITY-ST-ZIP	PALM CITY
TITLE	VP ANN HUBERT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1800 SE ST. LUCIE BLVD., #9-206	2.2 NAME	WOOD, CARMELITA
STREET ADDRESS	STUART FL	2.3 STREET ADDRESS	5863 GLEN EAGLE WAY
CITY-ST-ZIP		2.4 CITY-ST-ZIP	STUART, FL
TITLE	D O'NEILL, PHIL <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1735 S.W. ST. ANDREWS DR.	3.2 NAME	ADAMS, JORDAN
STREET ADDRESS	PALM CITY FL	3.3 STREET ADDRESS	3900 NE CHERI DRIVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	JENSEN BEACH, FL
TITLE	T ADAMS, JORDAN I <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3900 CHERI DRIVE	4.2 NAME	GIBBONS, FRANK
STREET ADDRESS	JENSEN BEACH FL	4.3 STREET ADDRESS	7 F TURTLE CREEK DR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TEQUESTA, FL
TITLE	D RUSCH, JACKIE <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5297 S.W. ANHINGA AVE.	5.2 NAME	O'CONNELL, THOMAS
STREET ADDRESS	PALM CITY FL	5.3 STREET ADDRESS	1843 SW FOXPOINT TR.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PALM CITY, FL
TITLE	S SANDERSON, FLORENCE <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2173 S.W. SPOONBILL DR.	6.2 NAME	
STREET ADDRESS	PALM CITY FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Jordan E. Adams* JORDAN E. ADAMS TREASURER 3/6/98 (561) 288-2640

CR2037 (10/97)