

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90019 013 ****70.00

DOCUMENT # 732493

1. Corporation Name

SECOND SIGHT TAPING STUDIO, INC.

5 8 5 4 3 7 - 9 0 0 1 9 - 1 3 7 *



Principal Place of Business

2153 SE OCEAN BLVD
STUART FL 34996
US

Mailing Address

2153 SE OCEAN BLVD
STUART FL 34996
US

2. Principal Place of Business

1 As above

Suite, Apt. #, etc.

2

City & State

3

Zip Country

4 25

2a. Mailing Address

26 As above

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29 30

3. Date Incorporated or Qualified

04/18/1975

4. FEI Number

51-0177933

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

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

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

NAME WOOD, CARMELITA
STREET ADDRESS 5883 GLEN EAGLE WAY
CITY-ST-ZIP STUART FL

TITLE D ☐ DELETE

NAME GIBBONS, FRANK
STREET ADDRESS 7 F TURTLE CREEK DR
CITY-ST-ZIP TEQUESTA FL

TITLE DP ☐ DELETE

NAME O'NEILL, PHIL
STREET ADDRESS 1735 S.W. ST. ANDREWS DR.
CITY-ST-ZIP PALM CITY FL

TITLE T ☒ DELETE

NAME ADAMS, JORDAN
STREET ADDRESS 3900 CHERI DRIVE
CITY-ST-ZIP JENSEN BEACH FL

TITLE DVP ☐ DELETE

NAME O'CONNELL, THOMAS
STREET ADDRESS 1843 SW FOXPOINT TR
CITY-ST-ZIP PALM CITY FL

TITLE DS ☐ DELETE

NAME SANDERSON, FLORENCE
STREET ADDRESS 2173 S.W. SPOONBILL DR.
CITY-ST-ZIP PALM CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME D. Rimer, Sheila
1.3 STREET ADDRESS 363 NW Bayonet Dr.
1.4 CITY-ST-ZIP Jensen Beach, FL 34957

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Dr. Knobloch, John
2.3 STREET ADDRESS 330 Edgewater Dr., #101
2.4 CITY-ST-ZIP Stuart, FL 34996-1645

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 T. Betty Turner, Sarah D.
4.3 STREET ADDRESS 789 SW 31 St.
4.4 CITY-ST-ZIP Palm City, FL 34990

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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
6/30/99 (561) 288-2040

CR2E037 (5/99)