


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 10 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 # **735477** (2)
1. Corporation Name
HUGO SCHIMEK MEMORIAL EYE FOUNDATION, INC.

Principal Place of Business 2410 WEST PLAZA DRIVE TALLAHASSEE FL 32303	Mailing Address C/O SCHMEK, R. M.D. 4224 HOUMA BLVD STE 110 METAIRIE LA 70118 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 04/05/1976	
4. FEI Number 59-1694261	Applied For <input type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners' association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIDSON, GENE L.
2410 WEST PLAZA DRIVE
TALLAHASSEE FL 32303**

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 on file; Davidson, Gene L.; Director/Reg. Agent
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

02/02/98
DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	PDM SCHIMEK, M.D., ROBERT A 4224 HOUMA BLVD. METAIRIE LA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	D SLATTEN, CECILIA 203 WALNUT STREET NEW ORLEANS LA	1.3 STREET ADDRESS	
<input type="checkbox"/> DELETE	DC SCHIMEK, WILMA 1823 PRYTANIA STREET NEW ORLEANS LA	1.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE	DC DAVIDSON, GENE L. 2410 W. PLAZA DRIVE TALLAHASSEE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	TDS BOURGEOIS, ELEANOR (MRS) 1389 CHEROKEE STREET METAIRIE LA	2.2 NAME	
<input type="checkbox"/> DELETE	VD NELSON, ROY 300 LAKE MARINA DR. NEW ORLEANS LA	2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE: Robert A. Schimek, M.D. Robert A. Schimek, M.D. 2-2-98

504-456-8111

CR2E037 (10/97)