FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18906 (0)

1. Corporate Name
SOUTH EASTERN EYE RESEARCH FOUNDATION, INC.

Principal Place of Business	Mailing Address
4007 BAYSIDE DRIVE BRADENTON FL 34210	4007 BAYSIDE DRIVE BRADENTON FL 34210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1987	3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-2771299	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RAJSKY, MAUREEN K. 6002 POINTE WEST BLVD. BRADENTON FL 34209	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 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 [signature] 1/19/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	SILVERMAN, HARRIS	NAME	
STREET ADDRESS	4007 BAYSIDE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	SILVERMAN, MICHELINE	NAME	
STREET ADDRESS	4007 BAYSIDE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	KELLEY, JANICE	NAME	
STREET ADDRESS	9903 ROYAL PALM DR.	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	RAJSKY, MAUREEN K.	NAME	
STREET ADDRESS	6002 POINTE WEST BLVD.	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	MARSHALL, ROBERT	NAME	
STREET ADDRESS	8410-14TH AVE. N.W.	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and 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: [signature] 1/19/95 813 792-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0017010