

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38056 (0)

1. Corporation Name
FLORIDA EYE INJURY REGISTRY, INC.



Principal Place of Business Mailing Address
1133 W MORSE BLVD #201 WINTER PARK FL 32789-3788

3. Date Incorporated or Qualified 05/09/1990	3a. Date of Last Report 04/27/1995
4. FEI Number 59-3051564	Applied For Not Applicable
5. Certificate of Status Desired <input 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 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	29
25	30

9. Name and Address of Current Registered Agent
**STEALEY, MARJORIE
10 CROW SEGAL MGMT CO.
1133 W. MORSE BLVD., STE 201
WINTER PARK FL 32789-3788**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 registering.) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	DAVIS, ROBERT	
STREET ADDRESS	1133 W MORSE BLVD #201	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	GLATZER, RONALD	
STREET ADDRESS	5601 N DIXIE HWY #307	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HALE, LEALIS	
STREET ADDRESS	1005 MAR WALT DR	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DIGAETANO, MARGARET	
STREET ADDRESS	311 N CLYDE MORRIS BLVD #480	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CHURCH, THOMAS	
STREET ADDRESS	51 YACHT CLUB DRIVE	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CROLEY, JAMES	
STREET ADDRESS	613 DEL PRADO BLVD	
CITY-ST-ZIP	CAPE CORAL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gupta, Sunil	
2.3 STREET ADDRESS	1720 E. Street	
2.4 CITY-ST-ZIP	Pensacola, FL 32561	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cano, David	
3.3 STREET ADDRESS	2601 N. Flagler Drive, #203	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33407	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Newmark, Emmanuel	
4.3 STREET ADDRESS	140 John F. Kennedy Circle, #140	
4.4 CITY-ST-ZIP	Atlantis, FL 33462	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Brayton, John R., Jr.	
5.3 STREET ADDRESS	8333 N. Davis Highway	
5.4 CITY-ST-ZIP	Pensacola, FL 32514	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] DATE: 4/8/96 DAYTIME PHONE: 904 433-3641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: SUNIL GUPTA

CR2E037 (12/95)