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Jan 27 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N94000006193 (6)

1. Corporation Name

THE EYE NETWORK, INC.



Principal Place of Business

Mailing Address

115 WEST COLUMBIA ST.  
ORLANDO FL 32806

115 WEST COLUMBIA ST.  
ORLANDO FL 32806-1005

3. Date Incorporated or Qualified  
12/20/1994

3a. Date of Last Report  
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3293490

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWANN AND ASSOCIATES, P.A.  
1031 WEST MORSE BLVD.  
SUITE 200  
WINTER PARK FL 32789

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

*Robert N. Serros*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME SERROS, ROBERT N  
STREET ADDRESS 115 WEST COLUMBIA ST.  
CITY-ST-ZIP ORLANDO FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME PARKER, CLAUDE J  
STREET ADDRESS 115 WEST COLUMBIA ST.  
CITY-ST-ZIP ORLANDO FL 32806

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME Shuster, Jerry N  
2.3 STREET ADDRESS 1900 N. ORANGE AV.  
2.4 CITY-ST-ZIP ORLANDO, FL 32804

TITLE D ☒ DELETE  
NAME SUSI, RICHARD  
STREET ADDRESS 115 WEST COLUMBIA ST.  
CITY-ST-ZIP ORLANDO FL 32806

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Robert S F  
3.3 STREET ADDRESS GOLD, ROBERT S  
3.4 CITY-ST-ZIP 515 W. BR 434, Ste 201  
LONGWOOD, FL 32750

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 N. Serros*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

407-422-7844  
Daytime Phone # 0016891

CR2E037 (9/96)