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Feb 04 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 # **N94000006193 (6)**

1. Corporation Name

THE EYE NETWORK, INC.

Principal Place of Business

115 WEST COLUMBIA ST.
ORLANDO FL 32806

Mailing Address

115 WEST COLUMBIA ST.
ORLANDO FL 32806



3. Date Incorporated or Qualified

12/20/1994

4. FEI Number

59-3293490

Applied For

Not Applicable

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

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

Robert N. Serros

82 Street Address (P.O. Box Number is Not Acceptable)

115 W. Columbia St

83

84 City

Orlando

FL

85 Zip Code

32806

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

1/5/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

D
SERROS, ROBERT N
115 WEST COLUMBIA ST.
ORLANDO FL

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

D
SHUSTER, JERRY N.
1900 N. ORANGE AVE.
ORLANDO FL

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

D
GOLD, ROBERT S.
515 W. SR 434, STE 201
LONGWOOD FL

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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 N. Serros

1/5/98

407-843-2020

CR2E037 (10/97)