FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:10

DOCUMENT # **P94000023947 (2)**

1. Corporation Name
FLORIDA EYENET, INC.

Principal Place of Business	Mailing Address
710 S DIXIE HWY CORAL GABLES FL 33146	710 S DIXIE HWY CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/29/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 100 S PINE ISLAND RD	26 100 S. PINE ISLAND RD
Suite, Apt. #, etc. 22 #110	Suite, Apt. #, etc. 27 #110
City & State 23 PLANTATION, FL	City & State 28 PLANTATION, FL 33324
Zip 24 33324 Country 25 USA	Zip 29 33324 Country 30 USA

4. FEI Number: 65-0552177 ☐ 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

GARCIA, WILLIAM
710 S DIXIE HWY
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	ARAN, ALBERTO J	12 NAME	JOHN R. DAVIS	
STREET ADDRESS	710 S DIXIE HWY	13 STREET ADDRESS	100 S. PINE ISLAND RD #110	
CITY ST ZIP	CORAL GABLES FL 33146	14 CITY ST ZIP	PLANTATION, FL 33324	
TITLE		21 TITLE	TREASURER	☐ Change ☒ Addition
NAME		22 NAME	STEVEN HOLBROOK	
STREET ADDRESS		23 STREET ADDRESS	100 S. PINE ISLAND RD #110	
CITY ST ZIP		24 CITY ST ZIP	PLANTATION, FL 33324	
TITLE		31 TITLE	SECRETARY	☐ Change ☒ Addition
NAME		32 NAME	DAVE FREER	
STREET ADDRESS		33 STREET ADDRESS	100 S. PINE ISLAND RD #110	
CITY ST ZIP		34 CITY ST ZIP	PLANTATION, FL 33324	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to this report with an address.

SIGNATURE: _____ JOHN R. DAVIS, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0160296 CP