

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000001804 (4)

1. Corporation Name
MACULAR DEGENERATION FOUNDATION, INC.



Principal Place of Business
**190 BRADLEY PLACE
 APT. 2H
 PALM BEACH FL 33480
 US**

Mailing Address
**P.O. BOX 686
 PALM BEACH FL 33480
 US**

3. Date Incorporated or Qualified **04/22/1993** 3a. Date of Last Report **08/10/1995**

4. FEI Number **NOT APPLICABLE** 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

2. Principal Place of Business
21 139 No. County Rd. #29

2a. Mailing Address
26 Sarns

22 Suite, Apt. #, etc. **Palm Beach FL 33480**

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
**CORPORATE CREATIONS ENTERPRISES INC
 4521 PGA BLVD
 PALM BEACH GARDENS FL 33418**

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

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	ALEKS, EDMUND J
STREET ADDRESS	190 BRADLEY PLACE, #2H
CITY-ST-ZIP	PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	CAMERON, MARTHA M
STREET ADDRESS	240 ANGLER AVE
CITY-ST-ZIP	PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	DVS WILESMITH, MARGARET T
STREET ADDRESS	260 OLEANDER AVE., #W1
CITY-ST-ZIP	PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	DEVP BARRY, LEE R
STREET ADDRESS	13487 ARGONNE AVE.
CITY-ST-ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D David Roy
1.3 STREET ADDRESS	Visual Health + Surgery Ctr.
1.4 CITY-ST-ZIP	2889 N. 10th AVE.
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lebs Worth, FL 33461
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: *Edmund J. Aleks, President 7-10-96* Date **7-10-96** Daytime Phone # **561-93799**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)