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Jun 11 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 # N93000001804 (4)
1. Corporation Name
MACULAR DEGENERATION FOUNDATION, INC.



Principal Place of Business Mailing Address
139 N COUNTY RD 29 PALM BCH FL 33480 US
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3. Date Incorporated or Qualified 04/22/1993
3a. Date of Last Report 07/17/1996
4. FEI Number 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 2a. Mailing Address
21 139 N. County Rd. 26 Same
22 Palm Beach, FLA 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 33480 25 US 29 30

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Director/President/Treasurer
NAME	ALEKS, EDMUND J	1.2 NAME	Aleks, Edmund J.
STREET ADDRESS	100 BRADLEY PLACE P.O. Box	1.3 STREET ADDRESS	139 N. County Rd. #29
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	Palm Beach, Fla. 33480
TITLE	D	2.1 TITLE	
NAME	CAMERON, MARTHA M	2.2 NAME	
STREET ADDRESS	240 ANGLER AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	DVS	3.1 TITLE	
NAME	WILESMITH, MARGARET T	3.2 NAME	
STREET ADDRESS	260 OLEANDER AVE., #W1	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	DEVP	4.1 TITLE	Director
NAME	BARRY, LEE R	4.2 NAME	Dr. Elmer Eger
STREET ADDRESS	1348 ARGONNE AVE.	4.3 STREET ADDRESS	3545 S. Ocean Blvd. #404
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Palm Beach, FLA 33480
TITLE	D	5.1 TITLE	Director
NAME	ROY, DAVID	5.2 NAME	Philip Filmer
STREET ADDRESS	2889 N 10TH AVE	5.3 STREET ADDRESS	13 Tollgate
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	Owings Mills, MD 21117
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, as changed, or on an attachment with an address.

Signature: _____ Date: June 8 1997 108-260-1335

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