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

APPROVED AND FILED
95 APR 19 AM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000005728 (0)**

1. Corporation Name
ORGANOCAT, INCORPORATED

Principal Place of Business	Mailing Address
147 DEER CREEK BLVD. SUITE 407 DEERFIELD BEACH FL 33442	147 DEER CREEK BLVD. SUITE 407 DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/04/1994**
3a. Date of Last Report:

2. Principal Place of Business (21)	2a. Mailing Address (26)	4. FEI Number: **52-0915769**	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State (23)	City & State (28)	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip (24) / Country (25)	Zip (29) / Country (30)	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

HETTINGER, WILLIAM P JR, PHD
147 DEER CREEK BLVD, SUITE 407
DEERFIELD BEACH FL 33442

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	PTCD	1.1 TITLE	☐ Change ☐ Addition
NAME	HETTINGER, WILLIAM P JR,PHD	1.2 NAME	
STREET ADDRESS	147 DEER CREEK BLVD, SUITE #407	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	1.4 CITY-ST-ZIP	
TITLE	VSVC	2.1 TITLE	☐ Change ☐ Addition
NAME	HETTINGER, ALICE M	2.2 NAME	
STREET ADDRESS	147 DEER CREEK BLVD, SUITE #407	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HETTINGER, SCOTT	3.2 NAME	
STREET ADDRESS	147 DEER CREEK BLVD, SUITE #407	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	INSERRA, DIANA L	4.2 NAME	
STREET ADDRESS	147 DEER CREEK BLVD, SUITE #407	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William P. Hettinger Jr. William P. Hettinger Jr. V.P. 305-570-7427
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT OR DIRECTOR — Title — Daytime Phone #

305-570-7427

000010 CP