

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

98 MAY 29 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT '1998



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

DOCUMENT # F97000003319
1. Corporation Name

CATARACT, INC.

Principal Place of Business Mailing Address
2500 McClellan Ave, Suite 350
Pennsauken, NJ 08109.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
JUNE 19, 1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	23-2811736	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
b. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

CT Corporation System
1200 South Pine Island Rd.
Plantation, FL 33324

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 *Leon Kopyt* 5-27-98 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President & CEO	1.2 NAME	
STREET ADDRESS	Leon KOPYT	1.3 STREET ADDRESS	
CITY-ST-ZIP	2500 McClellan Ave., Suite 350 Pennsauken, NJ 08109	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEO & TREASURER	2.2 NAME	
STREET ADDRESS	STANTIN Remer	2.3 STREET ADDRESS	
CITY-ST-ZIP	2500 McClellan Ave., Suite 350 Pennsauken, NJ 08109	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Service President	3.2 NAME	
STREET ADDRESS	Robco Campanelli	3.3 STREET ADDRESS	300002541043
CITY-ST-ZIP	90 Woodlark Place Mineola, NY 11501	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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.

CR2E034 (10/97)

5C 6-2-98

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ACCOUNT NO. : 072100000032

REFERENCE : 829810 4804484

AUTHORIZATION

COST LIMIT : *Patricia Pyant*
\$ ~~558.75~~ 558.75

ORDER DATE : May 22, 1998

ORDER TIME : 12:10 PM

ORDER NO. : 829810-085

CUSTOMER NO: 4804484

CUSTOMER: Ms. Bonnie Sander
Wolf Block Schorr And
Packard Bldg.13th Floor
15th & Chestnut Streets
Philadelphia, PA 19102

ANNUAL REPORT FILING

NAME: CATARACT, INC.

Please give original
submission date as file date.

RESUBMIT

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JEANINE REYNOLDS

EXAMINER'S INITIALS:

RECEIVED
 98 JUN -2 AM 11:27
 DIVISION OF CORPORATION
 RECEIVED
 98 MAY 29 PM 1:11
 DIVISION OF CORPORATION
 RECEIVED
 98 JUN -1 PM 3:27
 DIVISION OF CORPORATION