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

**PROFIT** CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **H51381**

1. Corporation Name

OCULAR RESEARCH ASSOCIATES, INC.

					<u> </u>	AND PRESENTATION OF THE PROPERTY OF THE PROPER	EFRALENEAL ING
Principal Place of Business Mailing Address						ilait arati alait alais :	01015 61051 1 <b>00</b> 1
C/O LEWIS WEISS C/O LEWIS WEISS							
2202 LUCAYA BEND #E4 2202 LUCAYA BEND #E4							
COCONUT CREEK FL 33066 COCONUT CREEK FL 3306			6	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	110 01 7102	· ·
					04/09/1985		
Principal Place of Business 2a. Mailing Address			~=	<del></del>	4. FEI Number	<del></del>	
¬ '		<u> </u>	runing Address			J	plied For
Cuite Ant # etc		26		59-2515133		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional	
2		27			Fee Re	equired	
City.& Sta	ate	City & State			6. Election Campaign Financing	\$5.00	May Be
3	28				Trust Fund Contribution	Added t	
Žip	Country Zip		Country	•	8. This corporation owes the current year	r Intangible	
4	25 29		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	red Agent	
	11.7		81	Name			
WE	ISS, LEWIS L						
2202 LUCAYA BEND #E4			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	ITE E-4		80		The second secon	2001 Bure 5 Cir 3 - 851 F	1471 <b>8</b> 181 (341
	CONUT CREEK FL 33066	<del>*</del> ~	83			21 314 PH 1917	
;	001101 01.EER 1 E 00000	•	84	City	100 4 10 10 10 10 10 10 10 10 10 10 10 10 10		1977 4591 - 351
asa serra a r	7.5	اراً ایک دروی و این افغانو میشود	11	•		85 Zip C	
11. Pursuan	t to the provisions of Sections 607.0502	and 607 1508, Florida Statute	s, the above	-named corp	oration submits this statement for the purpose	e of changing its	registered
	registered agent, or both, in the State o am familiar with, and accept the obligati			the corporation	on's board of directors. I hereby accept the ap	opointment as rec	gistered
		ons of, Section of 1050s, Fior	iua Statutes.		No.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Denistered Agent	rianntura escuira	d when reinstating) # 1975/2 DATE		
12:	OFFICERS AND		13.	signature required	The state of the s	,	DO 104 40
TITLE	PD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS		
VAME	WEISS, LEWIS L		B		\$15 <b>1973</b>	☐ Change	☐ Addition
			1.2 NAME	1			
STREET ADDRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP	COCONUT CREEK FL	-	1.4 CITY-ST-	ZIP		t	
ITLE		☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME .			2.2 NAME		· .	_ •	_
STREET ADDRESS	3		2.3 STREET ADDRESS				
CITY-ST-ZIP	100						
MLE		☐ DELETE	2.4 CITY-ST-ZIP				
4.53		" DETELE	3.1 TITLE			Change	☐ Addition
IAME · POS	Burbas , Francisco	, -	3.2 NAME				
TREET ADDRESS	No. 343	•	3.3 STREET ADDRESS		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	er titer, jadak	A 1.76 . 31
ITY-ST-ZIP	Value of the second		3.4. CITY-ST-ZIP		医二甲酚 化二甲酚	er ka fili jili ji	
TILE		☐ DELETE	4.1 TITLE			Change .	Addition
IAME			4. 2 NAME				
TREET ADDRESS		1.20	4.3 STREET ADDRESS				
ITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			•		
TLE		☐ DELETE	4.4 CITY-ST-	ZiP	·		
	1	₽ DELETE	5.1 TITLE		Secretary of	Change	. Addition
AME	V		5.2 NAME	1	709/1965		

4. I 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 tostee 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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

TY-ST-ZIF

TREET ADDRESS

ITY-ST-ZIP

☐ DELETE

☐ Change

☐ Addition

**FILED** 

Jan 26, 1999 8:00am

**Secretary of State** 

01-26-1999 90048 037 \*\*\*150.00