SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT QUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P93000042186 (5)

OCCUCARE, INC.

APPROVED AND

1997 OCT 16 PN 12: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address 808 N OLIVE AVE **808 N OLIVE AVE** WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 06/09/1993 03/07/1996 2a. Mailing Address 2. Principal Place of Business FEI Number Applied For 21 26 65-0420884 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State Cily & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year intangible X Yes 24 25 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name YELVERTON, ANITA 808 N OLIVE AVE 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33401 83 84 Zip Code City 85 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 applied with, and accept the obligations of Section 607.0505, Florida Statutes. resident wester ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 RS AND DIRECTORS 13, (4/97 DELÉTE Change Addition TITLE 111110 YELVERTON, ANITA NAME 1.2 NAME 808 N OLIVE AVE 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 1.4 C(1) Y - \$1 - Z(F CHTY-ST-ZIP TITLE DELETE 2.1 10116 NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-7/P 2. 4 City - ST - 7/8 Change DELETE Addition 3.1 THUE TITLE NAME 3.2 NAME 800002326078---1 3.3 STREET ADDRESS STREET ADDRESS --01081---010 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 117LE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 10TLE THE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C(TY-\$1-2IP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CHTY-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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