

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

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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra P. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 31 AM 8:52

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DOCUMENT # P95000044093 (9)

1. Corporation Name
OCCUTEST, INC.



Principal Place of Business
ATTN: MR. CARY P. FRIEDLANDER
250 SOUTH AUSTRALIAN AVE., SUITE 1100
WEST PALM BEACH FL 33401

Mailing Address
ATTN: MR. CARY P. FRIEDLANDER
250 SOUTH AUSTRALIAN AVE., SUITE 1100
WEST PALM BEACH FL 33401-5014

STATEMENT 97

2. Principal Place of Business 21 2161 PALM BEACH LAKES Suite, Apt. #, etc. 22 #301 City & State 23 WEST PALM BEACH Zip 24 33409		2a. Mailing Address 26 2161 PALM BEACH LAKES Suite, Apt. #, etc. 27 #301 City & State 28 WEST PALM BEACH Zip 29 33409		3. Date Incorporated or Qualified 05/30/1995		3a. Date of Last Report 05/01/1996	
				4. FEI Number NOT APPLICABLE		Applied For 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			

9. Name and Address of Current Registered Agent FRIEDLANDER, CARY P 250 SOUTH AUSTRALIAN AVE., SUITE 1100 WEST PALM BEACH FL 33401				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 2161 PALM BEACH LAKES BLVD			
				83 #301			
				84 City WEST PALM BEACH			
				FL		85 Zip Code 33409	

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 CARY FRIEDLANDER 10/1/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
PSD COOPER, ALLAN G STE. 1100, 250 S. AUSTRALIAN AVE. WEST PALM BEACH FL 33401				5 COOPER, ALLAN G 2161 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33409			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
VTD FRIEDLANDER, CARY P STE. 1100, 250 S. AUSTRALIAN AVE. WEST PALM BEACH FL 33401				PTD FRIEDLANDER, CARY P. 2161 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33409			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
				VPD SHORE, G. FRIEDLANDER 2161 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33409			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
				900002337413-3 -11/04/97--01035--016 ****750.00 ****750.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE CARY FRIEDLANDER 561-2161

CP2E034 (9/96)