

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000057003 (2)

1. Corporation Name

OMEGA LABORATORIES, INC.



Principal Place of Business

8020 SUNRISE LAKES DRIVE NORTH  
UNIT 25-112  
SUNRISE FL 33322

Mailing Address

POST OFFICE BOX 70494  
OAKLAND PARK FL 33307

2. Principal Place of Business

21 5557 W. OAKLAND PARK BLVD

2a. Mailing Address

26 (SAME)

Suite, Apt. #, etc.

22 SUITE 290

Suite, Apt. #, etc.

27

City & State

23 LAUDERHILL, FL

City & State

28

Zip

24 33313

Country

25 U.S.A.

Zip

29

Country

30

3. Date Incorporated or Qualified

07/24/1995

3a. Date of Last Report

4. FEI Number

65-0597850

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name JOSEPH J. LAFONTAINE

82 Street Address (P.O. Box Number is Not Acceptable)

270 N.E. 45TH ST.

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33334

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 607.0503, Florida Statutes.

SIGNATURE

Joseph J. Lafontaine

PRESIDENT

7/16/96

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

GARDNER, CHARLES F

8020 SUNRISE LAKES DRIVE NORTH

SUNRISE FL 33322

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

LAFONTAINE, JOSEPH J

8020 SUNRISE LAKES DRIVE NORTH

SUNRISE FL 33322

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST

HILL, JAMES R

8020 SUNRISE LAKES DRIVE NORTH

SUNRISE FL 33322

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

DELETE

☒ Change ☐ Addition

PD - VD - ST  
LAFONTAINE JOSEPH J.  
270 N.E. 45TH ST.  
FT. LAUDERDALE FL 33334

☐ Change ☐ Addition

DELETE

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(k), 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:

Joseph J. Lafontaine

PRESIDENT

7/16/96

(954) 489-9889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)