

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 # P95000057998 (3)

1. Corporation Name

OPTIMAL PHARMACEUTICALS, INC.



Principal Place of Business

Mailing Address

8917 FRONT BEACH RD
BLDG 8
PANAMA CITY BEACH FL 32407-4867

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BLDG 8
PANAMA CITY BEACH FL 32407-4867

3. Date Incorporated or Qualified
07/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 215 Mountain Drive

26 215 Mountain Drive

4. FEI Number

Applied For

Not Applicable

59-3336669

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 107

27 Suite 107

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 Destin, FL

28 Destin, FL

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

Zip

Country

Zip

Country

24 FL

25 USA

29 32541

30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSBORNE, ROBERT P
215 MOUNTAIN DR
SUITE 100
DESTIN FL 32541

81 Name

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

83 Suite 107

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTS
NAME OSBORNE, ROBERT P
STREET ADDRESS 53 YACHT CLUB DR #9
CITY-ST-ZIP FT WALTON BEACH FL 32548

1.1 TITLE PSD
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE TP
2.2 NAME Julia Nye-Osborne
2.3 STREET ADDRESS 53 Yacht Club Dr #9
2.4 CITY-ST-ZIP Ft. Walton Beach FL 32548 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Comptroller/Vice President 5/10/96 (904) 584-5066

CR2E034 (12/95)