

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

FILED

Apr 25 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P95000057998 (3)**

1. Corporation Name
OPTIMAL PHARMACEUTICALS, INC.

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|--|---|
| Principal Place of Business 215 MOUNTAIN DR SUITE 107 DESTIN FL 32541 US | Mailing Address 215 MOUNTAIN DR SUITE 107 DESTIN FL 32541-2346 US |
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|--|--|
| 3. Date Incorporated or Qualified 07/25/1995 | 3a. Date of Last Report 05/14/1996 |
| 4. FEI Number 59-3336669 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 745 Hollywood Blvd NW | 2a. Mailing Address 26 745 Hollywood Blvd NW |
| Suite, Apt. #, etc. 22 Ft Walton Beach, FL | Suite, Apt. #, etc. 27 Ft Walton Beach, FL |
| City & State 23 32548 | City & State 28 32548 |
| Zip 24 32548 | Zip 29 32548 |
| Country 25 | Country 30 |

9. Name and Address of Current Registered Agent
**OSBORNE, ROBERT P
215 MOUNTAIN DR
SUITE 107-
DESTIN FL 32541**
**745 Hollywood Blvd, NW
Ft Walton Beach, FL
32548**

| |
|---|
| 10. Name and Address of New Registered Agent |
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *Robert P. Osborne* **pro** DATE: **4/17/97**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|--|
| TITLE | DSD | 11 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OSBORNE, ROBERT P | 12 NAME | |
| STREET ADDRESS | 53 YACHT CLUB DR #9 | 13 STREET ADDRESS | 745 Hollywood Blvd NW |
| CITY-ST-ZIP | FT WALTON BEACH FL | 14 CITY-ST-ZIP | Ft Walton Beach FL 32548 |
| TITLE | TD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JULIA NYE-OSBORNE | 2.2 NAME | |
| STREET ADDRESS | 53 YACHT CLUB DRIVE, #9 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. WALTON BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *Robert P. Osborne* **pro** DATE: **4/17/97**

CR2E034 (9/96)