FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 27 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S49868 (0)

1. Corporation Name
OCUREST LABORATORIES, INC.

Principal Place of Business	Mailing Address
4400 PGA BOULEVARD, 8TH FLOOR PALM BEACH GARDENS FL 33410	4400 PGA BOULEVARD, 8TH FLOOR PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/29/1991	3a. Date of Last Report: 02/10/1994
4. FEI Number: 65-0259441	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, ~~Apt. #, etc.~~ 22: SUITE 300	Suite, ~~Apt. #, etc.~~ 27: SUITE 300
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

REID, LARRY M.
4400 PGA BLVD. SUITE 800
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~CD~~	1.1 TITLE	☑ Change ☐ Addition	
NAME	~~CASEY, WILLIAM J.~~	1.2 NAME		
STREET ADDRESS	~~4400 PGA BLVD.~~	1.3 STREET ADDRESS	RESIGNED	
CITY-ST-ZIP	~~PALM BCH GRDNS FL~~	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	C ☐ Change	☑ Addition
NAME	VIMOND, EDMUND	2.2 NAME		
STREET ADDRESS	4400 PGA BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GRDNS FL	2.4 CITY-ST-ZIP		
TITLE	VTSD	3.1 TITLE	☐ Change	☐ Addition
NAME	REID, LARRY M.	3.2 NAME		
STREET ADDRESS	4400 PGA BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GRDNS FL	3.4 CITY-ST-ZIP		
TITLE	DIRECTOR	4.1 TITLE	☐ Change	☑ Addition
NAME	MARNIE PORTER	4.2 NAME		
STREET ADDRESS	4400 PGA BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL.	4.4 CITY-ST-ZIP		
TITLE	DIRECTOR	5.1 TITLE	☐ Change	☑ Addition
NAME	EDDIE MANNEL	5.2 NAME		
STREET ADDRESS	4400 PGA BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL.	5.4 CITY-ST-ZIP		
TITLE	DIRECTOR	6.1 TITLE	☐ Change	☑ Addition
NAME	JULIAN LOPATKIN	6.2 NAME		
STREET ADDRESS	4400 PGA BLVD.	6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL	6.4 CITY-ST-ZIP		

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)(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 asterisk.

SIGNATURE: _____ 3/21/95 407-627-8161
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0240765 CP