

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # S49868 (0)

1. Corporation Name

OCUREST LABORATORIES, INC.

Principal Place of Business

4400 PGA BOULEVARD-6TH FLOOR
STE 300
PALM BEACH GARDENS FL 33410
US

Mailing Address

4400 PGA BOULEVARD-6TH FLOOR
STE 300
PALM BEACH GARDENS FL 33410
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/29/1991		3a. Date of Last Report 03/27/1995	
21	4400 PGA Boulevard	26	4400 PGA Boulevard	4. FEI Number 65-0259441		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22	Suite 300, 3rd Floor	27	Suite 300, 3rd Floor	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23	Zip	28	Zip				
24	Country	29	Country				

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)
4400 PGA Blvd. Suite 300
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 obligation 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, MAURICE	1.2 NAME	
STREET ADDRESS	4400 PGA BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GRDNS FL	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKER, ROBERT	4.2 NAME	MARKER, ROBERT
STREET ADDRESS	4400 PGA BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFFLER, ROLAN	5.2 NAME	LAFFLER, RALPH
STREET ADDRESS	4400 PGA BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	DALBIN, FRED
STREET ADDRESS		6.3 STREET ADDRESS	4400 PGA BLVD.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL.

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

DATE

DAYTIME PHONE #

CR2E034 (12/95)