SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S49868 (0)

1. Corporation Name

OCUREST LABORATORIES, INC.

FILED
97 OCT 27 AM 11: 49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97

Principal Place of Business	Mailing Address
4400 PGA BOULEVARD SUITE 300, 3RD. FLOOR PALM BEACH GARDENS FL 33410 US	4400 PGA BOULEVARD SUITE 300, 3RD. FLOOR PALM BEACH GARDENS FL 33410 US

3. Date Incorporated or Qualified **04/29/1991**
3a. Date of Last Report **05/01/1996**

2. Principal Place of Business [21]	2a. Mailing Address [26]	4. FEI Number **65-0259441**	Applied For / Not Applicable
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State [23]	City & State [28]	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip [24] / Country [25]	Zip [29] / Country [30]	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑Yes ☐No HEREWITH	

9. Name and Address of Current Registered Agent

REID, LARRY M.
4400 PGA BOVD. SUITE 300
PALM BEACH GARDENS FL 33410

SAME →

10. Name and Address of New Registered Agent

[81] Name	REID, LARRY M.
[82] Street Address (P.O. Box Number is Not Acceptable)	4 VIA LUCINDIA N
[83]	
[84] City STUART PL	FL [85] Zip Code 34996

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 **D** ☑DELETE NAME **PORTER, MAURICE** STREET ADDRESS **4400 PGA BLVD.** CITY-ST-ZIP **PALM BCH GRDNS FL**		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 900002332609-- 4 -10/29/97--01077--011 ****750.00 ****750.00
TITLE **C** ☑DELETE NAME **VIMOND, EDMUND** STREET ADDRESS **4400 PGA BLVD.** CITY-ST-ZIP **PALM BCH GRDNS FL**		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VTSD** ☐DELETE NAME **RIED, LARRY M** STREET ADDRESS ~~4400 PGA BLVD.~~ CITY-ST-ZIP ~~PALM BCH GRDNS FL~~		3.1 TITLE PRES, SECT, TREK, D. 3.2 NAME 3.3 STREET ADDRESS 4 VIA LUCINDIA N. 3.4 CITY-ST-ZIP STUART PL 34996	☑Change ☐ Addition
TITLE **D** ☑DELETE NAME **MARKER, ROBERT** STREET ADDRESS **4400 PGA BLVD** CITY-ST-ZIP **PALM BEACH GARDENS FL**		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐DELETE NAME **LAFFLER, RALPH** STREET ADDRESS ~~4400 PGA BLVD.~~ CITY-ST-ZIP **PALM BEACH GARDENS FL**		5.1 TITLE CHAIRMAN, D. 5.2 NAME 5.3 STREET ADDRESS 23 CAYMAN PL 5.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33418	☑Change ☐ Addition
TITLE **D** ☑DELETE NAME **AHLBIN, FRED** STREET ADDRESS **4400 PGA BOULEVARD** CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 10-28-97

CR2E034 (4/97)

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