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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

4405 VINELAND ROAD

SIGNATURE:

SUITE C-15

P94000058005 (7)

Mailing Address

BLDG. B

2235 ROUTE 130

ACCUTEST LABORATORIES SOUTHEAST, INC.

DO NOT WRITE IN THIS SPACE DAYTON NJ 08810 ORLANDO FL 32811 3. Date Incorporated or Qualified 08/05/1994 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 26 59-3260592 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. ☐ Yes 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. Street Address (P.O. Box Number is Not Acceptable) SUITE 105 TALLAHASSEE FL 32301 Zip Code 84 85 City 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 regulred when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE TITLE 1.1 TITLE PUGLIESE, VINCENT J 1.2 NAME NAME **16 CARRIAG TRAIL** 1.3 STREET ADDRESS STREET ADDRESS **BELLE MEAD NJ 08502** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 21 TITLE TITLE NAME PUGLIESE, RALPH J SR 2.2 NAME 810 EVERGREEN CT STREET ADDRESS 2.3 STREET ADDRESS NORTH BRUNSWICK NJ 08902 2. 4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE PUGLIESE, RALPH J JR 3.2 NAME NAME 3 BRICH CT 3.3 STREET ADDRESS STREET ADDRESS NO BRUNSWICK NJ 08902 3.4. CITY - ST-ZIP CITY - ST - ZIP DELETE Change Addition VISD 4.1 TITLE TITLE RUSSO, VINCENT J 4. 2 NAME NAME 97 WILSHIRE DRIVE 4.3 STREET ADDRESS STREET ADDRESS **BELLE MEAD NJ 08502** 4.4 CITY-ST-ZIP CITY - ST - ZIP Addition Change DELETE 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP 14. I 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.

FIGURATE REQUERFE

1/22/38 732-329-0200

**FILED** 

Jan 30 1998 8:00am

Secretary of State