

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000086408**

1. Corporation Name  
**ETC LAB, INC.**

Principal Place of Business

914 ST. CLAIR ST.  
UNIT 12M  
MELBOURNE FL 32935  
US

Mailing Address

P.O. BOX 361656  
UNIT 12M  
MELBOURNE FL 32936-1656  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 PO BOX 361656  
Suite, Apt. #, etc.

27 City & State

28 MELBOURNE, FL

29 Zip

30 Country

29 32936-1656 30 USA

9. Name and Address of Current Registered Agent

VANDERZYL, MARIAN  
731 INDIGO ST. SE  
PALM BAY FL 32909-4158

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1994

4. FEI Number

59-3286238

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD  
NAME VANDERZYL, MARIAN  
STREET ADDRESS 731 INDIGO ST. SE  
CITY-ST-ZIP PALM BAY FL

TITLE TD  
NAME TONSING, SUSAN  
STREET ADDRESS 2264 LEEWOOD BLVD  
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE T.S.D. ☒ Change ☐ Addition  
2.2 NAME TONSING, SUSAN  
2.3 STREET ADDRESS 731 INDIGO ST. SE  
2.4 CITY-ST-ZIP PALM BAY, FL 32909

3.1 TITLE V.D. ☐ Change ☒ Addition  
3.2 NAME VANDERZYL, JOHN  
3.3 STREET ADDRESS 140 CHICORY NE  
3.4 CITY-ST-ZIP PALM BAY FL 32907

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 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, with all other like empowered.

SIGNATURE: Marian J. Vanderzyl MARIAN J. VANDERZYL 2-22-99 407-733-6191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90168 011 \*\*\*150.00



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