

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**95 FEB -8 AM 9:07**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # J99665 (8)**

1. Corporation Name  
**HUMANALYSIS INC.**

**100001403171  
-02/10/95--01057--001  
\*\*\*200.00 \*\*\*200.00**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**C/O DOUGLAS B. ELAM  
1917 BLOSSOM LANE  
MAITLAND FL 32751**

3. Date Incorporated or Qualified **10/27/1987** 3a. Date of Last Report **03/01/1994**  
4. FEI Number **59-2859716** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent  
**ELAM, DOUGLAS B.  
1917 BLOSSOM LANE  
MAITLAND FL 32751**

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 reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELAM, DOUGLAS B.
STREET ADDRESS	1917 BLOSSOM LANE
CITY - ST - ZIP	MAITLAND FL
TITLE	DS
NAME	SAPORITO, MICHAEL
STREET ADDRESS	607 MORGAN
CITY - ST - ZIP	WINTER SPRINGS FL
TITLE	DTV
NAME	SPEARS, ROBERT
STREET ADDRESS	3450 LILA DR.
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	MCMUTT, BOB
STREET ADDRESS	5401 DECATUR ST
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DV
4.3 STREET ADDRESS	McNutt, Robert D.
4.4 CITY - ST - ZIP	8750 Aspen Avenue Orlando, FL 32817
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓ Douglas B. Elam *Douglas B. Elam* 1-18-95 (407) 657-9283  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Number