

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000012457 (6)

1. Corporation Name
ELAB, INC.

Principal Place of Business
P.O. BOX 468
8 EAST TOWER CIRCLE
ORMOND BEACH FL 32175-0468

Mailing Address
P.O. BOX 468
8 EAST TOWER CIRCLE
ORMOND BEACH FL 32175-0468

FILED
Jun 03 1997 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified 02/17/1993	3a. Date of Last Report 05/01/1996
4. FFL Number 59-3169201	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
CULBRETH, S.C. JR P.O. BOX 468 8 EAST TOWER CIRCLE ORMOND BEACH FL 32175-0468	

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 _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
ASHBY, HENRY N	8 EAST TOWER CIRCLE	13 STREET ADDRESS	14 CITY-ST-ZIP
ORMOND BEACH FL 32175-0468		21 TITLE	22 NAME
		23 STREET ADDRESS	24 CITY-ST-ZIP
HUANG, FRANCIS Y	8 EAST TOWER CIRCLE	31 TITLE	32 NAME
ORMOND BEACH FL 32175-0468		33 STREET ADDRESS	34 CITY-ST-ZIP
CHAFFMAN, DAVID M	8 EAST TOWER CIRCLE	41 TITLE	42 NAME
ORMOND BEACH FL 32175-0468		43 STREET ADDRESS	44 CITY-ST-ZIP
MCLENDON, SHEILA	8 EAST TOWER CIRCLE	51 TITLE	52 NAME
ORMOND BEACH FL 32175-0468		53 STREET ADDRESS	54 CITY-ST-ZIP
CULBRETH, S.C. JR.	P.O. BOX 468, 8 EAST TOWER CIRCLE	61 TITLE	62 NAME
ORMOND BEACH FL 32175-0468		63 STREET ADDRESS	64 CITY-ST-ZIP

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 _____

CR2E034 (9/96)