

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **455464** (8)

1. Corporation Name
CAMBRIDGE DIAGNOSTIC PRODUCTS, INC.



Principal Place of Business: **6880 NORTHWEST 17TH AVENUE FT. LAUDERDALE FL 33309**
Mailing Address: **6880 NORTHWEST 17TH AVENUE FT. LAUDERDALE FL 33309**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/27/1974	3a. Date of Last Report 04/12/1995
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FFI Number 38-1490777	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	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 GOLD, JACK H. 6880 NW 17TH AVE FT. LAUDERDALE FL 33309	81. Name	10. Name and Address of New Registered Agent
	82. Street Address (P.O. Box Number is Not Acceptable)	
	83. City	
	84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: Type or print name of registered agent and the date of signature. (Date: Registered Agent signature is not required for filing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLD, JACK H.	2. NAME	
STREET ADDRESS	6880 NORTHWEST 17TH AVE	3. STREET ADDRESS	
CITY-STATE-ZIP	FT. LAUDERDALE FL	4. CITY-STATE-ZIP	
TITLE	VD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLD, MIRIAM	6. NAME	
STREET ADDRESS	6880 NORTHWEST 17TH AVE	7. STREET ADDRESS	
CITY-STATE-ZIP	FT. LAUDERDALE FL	8. CITY-STATE-ZIP	
TITLE	SD	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLD, GARY	10. NAME	
STREET ADDRESS	6880 NORTHWEST 17TH AVE	11. STREET ADDRESS	
CITY-STATE-ZIP	FT. LAUDERDALE FL	12. CITY-STATE-ZIP	
TITLE	TD	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLD, ROY	14. NAME	
STREET ADDRESS	6880 NORTHWEST 17TH AVE	15. STREET ADDRESS	
CITY-STATE-ZIP	FT. LAUDERDALE FL	16. CITY-STATE-ZIP	
TITLE	SD	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLD, MARC (ASST)	18. NAME	
STREET ADDRESS	6880 NORTHWEST 17TH AVE	19. STREET ADDRESS	
CITY-STATE-ZIP	FT. LAUDERDALE FL	20. CITY-STATE-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 119.07(3)(k), 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: *Jack H. Gold* JACK H. GOLD 4/1/96 954-971-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-Time-Phone #

CR2E034 (12/95)