PROFIT CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # 530795 (4)

FILED
Jul 30 1996 8:00 am
Secretary of State

Corporation Name

COM-SER LABORATORIES, INC.

Principal Place of Business	Mailing Address
08 19TH AVENUE N.W. ADENTON FL 34209	7408 19TH AVENUE N.W. BRADENTON FL 34209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1977
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-1728642 [ ] 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 has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No

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

9. Name and Address of Current Registered Agent

MINTEER, W M
7408 19TH AVE. NW
BRADENTON FL 34209

10. Name and Address of New Registered Agent

81 Name: ~~WILLIAM B MINTEER~~
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MINTEER, WM B
STREET ADDRESS	7408 19TH AVE. NW
CITY-ST-ZIP	BRADENTON FL 34209
TITLE	S
NAME	BERNARD, WM B
STREET ADDRESS	593 KING FISAER LANE
CITY-ST-ZIP	LONGBOAT KEY FL 34228

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

1.1 TITLE		2.1 TITLE	
1.2 NAME		2.2 NAME	
1.3 STREET ADDRESS		2.3 STREET ADDRESS	
1.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE		4.1 TITLE	
3.2 NAME		4.2 NAME	
3.3 STREET ADDRESS		4.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		6.1 TITLE	
5.2 NAME		6.2 NAME	
5.3 STREET ADDRESS		6.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		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 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 added to the document with an address.

SIGNATURE: [signature] June 6, 199

CR2E034 (3/95)