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PROFIT CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

616014

(7)

MED-CHEM LABORATORIES OF CORAL SPRINGS, INCORPOR ATED

Principal Place of Business 2929 UNIVERSITY DRIVE CORAL SPRINGS FL 33065 Mailing Address

2929 UNIVERSITY DRIVE CORAL SPRINGS FL 33065



								3. Date Incorporated 03/30/1979			03/16/1	
2. Principal Ffa	ce of Business	2a.	Mailing Addres	ss				4. FEI Number	N=4		<b>├</b>	Applied For
		26						58-13630	)/4			Not Applicable
Suite, Apt. #	, etc	27	Suite, Apt. #, 6	etc.				5. Certificate of State	us Desired			5 Additional Required
City & State			City & State					6. Election Campaig	n Financing		\$5.0	O May Be
]		28						Trust Fund Contri				d to Fees
Zip	Country	L	Zip		Court	try		8. This corporation f				199.032,
]	25 29							Florida Statutes Yes No  10. Name and Address of New Registered Agent				
	<ol><li>Name and Address of Currer</li></ol>	nt Regis	tered Agent			31 Name		10. Name and Addr	'888 OT NEW H	egister	ea Agent	
					"	Name						
	n, harold e.				Ti i	Street	Addre	ss (P.O. Box Number is	Not Acceptab	le)		
3111 S	tirling road				-							
FT. LAI	JDERDALE FL 33312				[*	33						
					Ti	34 City					<b>85</b> 2	ip Code
	o the provisions of Sections 607,0502					Д		ting the thin states	and for the pur		_ , ,	registered offi
famikar wit acana mare	o the provisions of Sections 607,0002 et agent, or both, in the State of Flori h, and accept the obligations of, Sect	tion 607.	0505, Florida S	tatutes.				when reinstating)		DAT		
	OFFICERS AN				13.			ADDITIONS/CHA	NGES TO OFF	ICERS A	AND DIRECT	ORS IN 12
t.F	PD		☐ DELE	TE	1.1 11	LE					Change	Addition
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IREE: AODRESS ITY-ST-ZIP ILE AME IREE! ADDRESS	4500 SHEPPARD AVE E AGINCOURT, ONTARIO CD BARSOUM, WADID		☐ DELF	TE	13 STH 14 CP 2 1 TIF 2 2 NAF 23 STH	IEFT ADDRESS Y-ST-ZIP LE ME						
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REEL ACORES  TY-SE ZIP  LE  MY  MELLABORESS  TY-SE-ZIP  LE  MATE  HEEL ACORESS  THY-SE-ZIP  LE  MATE  HEEL ACORESS  MY  SE-ZIP  LE  MATE  HEEL ACORESS  MY  SE-ZIP  LE  LE  LE  LE  LE  LE  LE  LE  LE  L	4500 SHEPPARD AVE E AGINCOURT, ONTARIO CD BARSOUM, WADID 8320 NW 38TH COURT		☐ DELE	IE IE	13 ST4 14 CP 2 NAM 23 ST4 24 CF 3 1 TH 32 NAM 33 ST 34 CF 4 1 TH 42 NAM 43 ST6 44 CF 4	EFT ADDRESS Y-ST-ZIP  ME  ME  ME  ME  REET ADDRESS Y-ST-ZIP  LE  ME  REET ADDRESS Y-ST-ZIP  LE  ME  ME  ME  ME  ME  ME  ME  ME  ME	S				☐ Change	Addition
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THE LACORESS  HY-ST ZIP  LE  AME  THE LANGRISS  HY-ST-ZIP  TLE  AME  THE LACORESS  HY-ST-ZIP  THE LACORESS  HY-ST-ZIP  THE LACORESS  HY-ST-ZIP  THE LACORESS  THE LACORESS  THE LACORESS  THE LACORESS  THE LACORESS	4500 SHEPPARD AVE E AGINCOURT, ONTARIO CD BARSOUM, WADID 8320 NW 38TH COURT		☐ DELE	IE IE	13 ST4 14 CP 2 NAN 23 ST-24 CC 3 1 TH 32 NAN 33 S' 34 CP 4 TH 11 H 42 NAN 43 STE 44 CH 5 1 TH 52 NA 53 SH 53 SH 53 SH	EFT ADDRESS Y-S1-ZIP  ME  ME  ME  EEFT ADDRESS Y-S1-ZIP  LE  ME  REET ADDRESS Y-S1-ZIP  LE  ME  ME  ME  ME  ME  ME  ME  ME  ME	S				☐ Change	Addition  Addition
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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 certify 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:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICE

Wadid Barsoum 3/6/96

Daytime Phone #