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

PROFIT CORPORATION ANNUAL REPORT

1997



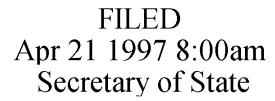
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

.00,	
DOCUMENT #	616014

(7)



MED-CHEM LABORATORIES OF CORAL SPRINGS, INCORPOR ATED Principal Place of Business Mailing Address										
Principal Place of Business Mailing Address 2829 UNIVERSITY DRIVE 2829 UNIVERSITY DRIVE CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-5081				1 205120 51201 M618 ANN 85101 M614 5161 61611 61611 61611 61611 51611 [631						
						Date Incorporat)3/30/1979	ed or Qualified		ate of Last F 12/1996	Report
<u> </u>	Place of Business	2a. Mailing Address				FEI Number				pplied For
21		26			_	58-1363074	ļ			ot Applicable
Suite, Apt	Ħ, OlG	Suite, Apt. #, etc.			5.	Certificate of Sta	atus Desired			Additional lequired
City & Sta	de	City & State			-	Election Campa	ian Einennina			May Be
23		28			1	Trust Fund Cont				to Fees
7 p	Country	Zip	Count	ry		This corporation		r intangible	tax under	s. 199.032,
24	25	29	30	· .		Florida Statutes		Yes [
	9. Name and Address of Curr	ent Registered Agent	···	41 44	10.	Name and Add	reas of New R	legistered	Agent	
	PLAN, HAROLD E.		8	1 Name				•		
	11 STIRLING ROAD		8	2 Street Ad	dress (P.	O. Box Number	is Not Accepta	able)		
FI.	LAUDERDALE FL 33312		8	2						
1			ľ	3						
			8	4 City		21111		FL	85 Zip	Code
office or agent 1 a SIGNATURE	I to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obling Signature, typed or protect name of registered in			by the corpor es.			s. I hereby acc	opt the app	oointment as	registered
12.		IND DIRECTORS	13.		^	DDITIONS/CHA				RS IN 12
THE	PO	DELETE	1.1 TITLE		80	AIN	Sul	in. M	Change Change	Addition
NAME	ADITYA, GORA		1.2 NAM	E	D۲	4111	- JUL (**	\. M =	•	
STREET ADURESS				ET ADDRESS 6	1500	* Caux	pard	MACE		
Ú(1Y+51+2)F	AGINCOURT, ONTARIO	DELETE	1.4 CITY	-ST-ZIP	1431	v Cam	ront	erio	T Change	A delica
filt.	CD Barsoum, Wadid	[] DEFEIG	2.1 1(TL)	1					Change	Addition
NAME OTHER ADDRESS	ARAA BEW AATH LOOLIDT		2.2 NAM	i						
STREET ADDRESS	CORAL SPRINGS FL		E .	ET ADDRESS						
CHY-S1-ZIP TITLE	CONAL OF MINOS FL	DELETE	3.1 TITLE	r-\$t-zip			······································		Change	Addition
NAME		CO PECCIE	3.2 NAM	i i					L. Cikingo	
STREET ADDRESS			1	ET ADDRESS						
CITY-ST-ZIP				(-ST-ZIP						
THILE		DELETE	4.1 TITLE				······································		Change	Addition
NAME			4. 2 NAN	AE .						
STREET ADDRESS			4.3 STR	ET ADDRESS						
CHY-ST ZIF			4.4 CITY	-ST-ZIP						
TITLE		DELETE	5,1 TITLI	E	-	-			☐ Change	Addition
NAME			5.2 NAM	E						
STREET ADORESS			5.3 STRE	EET ADDRESS						
CHY-\$1-260		Three	5.4 CiTY				·····		77 25	1 1 1 1 1 1 1 1 1
TILE		☐ DELETE	6.1 TITU	ſ					Change	Addition
NAME .			6.2 NAM							
STREET ADDRESS				ET ADDRESS						
C(1) - \$1 - Z(P)			6.4 CITY	-\$1-ZIP						

14. I do hereby certily 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:



-16-97

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