

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PH 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 631714 (3)**

1. Corporation Name  
**LONDON LABS, INC.**

Principal Place of Business      Mailing Address  
**4399 35TH STREET NORTH      4399 35TH STREET NORTH**  
**P.O. BOX 8400                      P.O. BOX 8400**  
**ST. PETERSBURG FL 33714-3717      ST. PETERSBURG FL 33714-3717**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>08/01/1979</b>	3a. Date of Last Report <b>05/20/1994</b>
4. FEI Number <b>59-1930515</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**PAYNE, JOHN W.  
4399 35TH STREET NORTH.  
ST. PETERSBURG FL 33706**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
B3	
B4 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the filer, applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUFFY, CHARLES J.
STREET ADDRESS	13380 86TH AVENUE NO.
CITY - ST - ZIP	SEMINOLE FL
TITLE	V
NAME	MOTTA, JOSEPH E.
STREET ADDRESS	512 JOHNS PASS AVE.
CITY - ST - ZIP	MADEIRA BEACH FL
TITLE	VT
NAME	STANKIEWICZ, CY
STREET ADDRESS	3804 46TH AVE S.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	PAYNE, JOHN W.
STREET ADDRESS	68 DOLPHIN DRIVE
CITY - ST - ZIP	TREASURE ISLAND FL
TITLE	VS
NAME	PAYNE, JEFFREY T.
STREET ADDRESS	7840 CAUSEWAY BLVD. SO.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	SMITH, RICHARD
STREET ADDRESS	6660 1ST AVENUE SOUTH
CITY - ST - ZIP	ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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, on an attachment with an address.

SIGNATURE: **STANKIEWICZ** **04/27/95**