

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 # 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 84000 **P.O. BOX 84000**
ST. PETERSBURG FL 33714-3717 **ST. PETERSBURG FL 33714-3717**

3. Date Incorporated or Qualified **08/01/1979** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1930515	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State			<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
	Country		Country			<input type="checkbox"/> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
24	25	29	30			<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PAYNE, JOHN W. 4399 35TH STREET NORTH. ST. PETERSBURG FL 33706				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFY, CHARLES J.	1. 2 NAME	
STREET ADDRESS	13380 86TH AVENUE NO.	1. 3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	1. 4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTTA, JOSEPH E.	2. 2 NAME	
STREET ADDRESS	512 JOHNS PASS AVE.	2. 3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BEACH FL	2. 4 CITY-ST-ZIP	
TITLE	VI <input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANKIEWICZ, CY	3. 2 NAME	
STREET ADDRESS	3804 46TH AVE S.	3. 3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3. 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, JOHN W.	4. 2 NAME	
STREET ADDRESS	68 DOLPHIN DRIVE	4. 3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL	4. 4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, JEFFREY T.	5. 2 NAME	
STREET ADDRESS	7840 CAUSEWAY BLVD. SO.	5. 3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5. 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RICHARD	6. 2 NAME	
STREET ADDRESS	6660 1ST AVENUE SOUTH	6. 3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	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)(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 in an attachment with an address.

SIGNATURE: *[Signature]* **CY STANKIEWICZ** **03/14/96**
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Day/Time Phone #

CR2E034 (12/95)