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May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 631714 (3)

1. Corporation Name  
LONDON LABS, INC.

Principal Place of Business  
4399 35TH STREET NORTH  
P.O. BOX 84000  
ST. PETERSBURG FL 33714-3717

Mailing Address  
4399 35TH STREET NORTH  
P.O. BOX 84000  
ST. PETERSBURG FL 33714-3717



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified  
08/01/1979

3a. Date of Last Report  
03/19/1996

4. FEI Number

59-1930515

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

9. Name and Address of Current Registered Agent

PAYNE, JOHN W.  
4399 35TH STREET NORTH.  
ST. PETERSBURG FL 33708

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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

Signature: Typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME DUFFY, CHARLES J.  
STREET ADDRESS 13380 88TH 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 6880 1ST AVENUE SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify 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, its 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 change of or new attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)