

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

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 08/01/1979	
4. FEI Number 59-1930515	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	DUFFY, CHARLES J.
STREET ADDRESS	13380 86TH AVENUE NO.
CITY-ST-ZIP	SEMINOLE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	MOTTA, JOSEPH E.
STREET ADDRESS	512 JOHNS PASS AVE.
CITY-ST-ZIP	MADERA BEACH FL
TITLE	VT <input type="checkbox"/> DELETE
NAME	STANKIEWICZ, CY
STREET ADDRESS	3804 46TH AVE S.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PAYNE, JOHN W.
STREET ADDRESS	68 DOLPHIN DRIVE
CITY-ST-ZIP	TREASURE ISLAND FL
TITLE	VS <input type="checkbox"/> DELETE
NAME	PAYNE, JEFFREY T.
STREET ADDRESS	7840 CAUSEWAY BLVD. SO.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SMITH, RICHARD
STREET ADDRESS	6660 1ST AVENUE SOUTH
CITY-ST-ZIP	ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 supplementary 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 Block 14 if accompanied with an address.

SIGNATURE:  **CY STANKIEWICZ** **2/17/98**

CR2E034 (10/97)