

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra S. Montanari
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 649730 (9)

1. Corporation Name

OPTILAB, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/01/1980	3a. Date of Last Report 05/20/1994
4. FEI Number 59-1981913	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	

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

9. Name and Address of Current Registered Agent	
PAYNE, JOHN W 4399 35TH STREET NORTH. ST. PETERSBURG FL	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	FL

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	PAYNE, J. SCOTT
STREET ADDRESS	14 BELLEVUE DR
CITY - ST - ZIP	TREASURE ISLAND FL
TITLE	VS
NAME	MOTTA, JOSEPH
STREET ADDRESS	512 JOHNS PASS AVE
CITY - ST - ZIP	MADEIRA BCH FL
TITLE	D
NAME	DUFFY, CHARLES
STREET ADDRESS	13380 88TH AVENUE N
CITY - ST - ZIP	SEMINOLE, FL 00000
TITLE	D
NAME	PAYNE, JOHN W
STREET ADDRESS	88 DOLPHIN DRIVE
CITY - ST - ZIP	TREASURE ISLAND, FL 00000
TITLE	VT
NAME	STANKIEWICZ, CY
STREET ADDRESS	3804 46TH AVE. SOUTH
CITY - ST - ZIP	ST PETERSBURG, FL 00000
TITLE	V
NAME	STEVENS, ROBERT
STREET ADDRESS	9180 60TH ST N.
CITY - ST - ZIP	PINELLAS PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
2. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
3. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
4. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
5. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
6. TITLE	☐ Change ☐ 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)(b), 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 or both, with an address.

SIGNATURE: _____ (NOTE: Signature of officer or director required when reappointing) DATE: 04/17/95