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FILED  
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 # 649730

(9)

1. Corporation Name  
OPTILAB, INC.

Principal Place of Business

4399 35TH STREET N.  
P.O. BOX 84000  
ST PETERSBURG FL 33784

Mailing Address

4399 35TH STREET N.  
P.O. BOX 84000  
ST PETERSBURG FL 33784-4000

3. Date Incorporated or Qualified  
01/01/1980

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

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

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	PD	DELETE
NAME	PAYNE, J. SCOTT	
STREET ADDRESS	14 BELLEVUE DR	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	VS	DELETE
NAME	MOTTA, JOSEPH	
STREET ADDRESS	512 JOHNS PASS AVE	
CITY-ST-ZIP	MADEIRA BCH FL	
TITLE	D	DELETE
NAME	DUFFY, CHARLES	
STREET ADDRESS	13380 86TH AVENUE N	
CITY-ST-ZIP	SEMINOLE, FL 00000	
TITLE	D	DELETE
NAME	PAYNE, JOHN W	
STREET ADDRESS	68 DOLPHIN DRIVE	
CITY-ST-ZIP	TREASURE ISLAND, FL 00000	
TITLE	VT	DELETE
NAME	STANKIEWICZ, CY	
STREET ADDRESS	3804 48TH AVE. SOUTH	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	V	DELETE
NAME	STEVENS, ROBERT	
STREET ADDRESS	9180 60TH ST N.	
CITY-ST-ZIP	PINELLAS PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 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 or its predecessor 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)