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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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1980

4. FEI Number

59-1981913

Applied For

Not Applicable

6. 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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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 46TH 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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 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 on the appointment with an address.

SIGNATURE:

*[Signature]*

*CV SANDRA B. MORTHAM*

*4/7/98*

CR2E034 (10/97)