

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 649730

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90112 023 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1980

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 owes the current year intangible
Personal Property Tax. ☐ 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 Country

28 Zip Country

24 25

29 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
NAME PAYNE, J. SCOTT
STREET ADDRESS 14 BELLEVUE DR
CITY-ST-ZIP TREASURE ISLAND FL

☐ DELETE

TITLE VS
NAME MOTTA, JOSEPH
STREET ADDRESS 512 JOHNS PASS AVE
CITY-ST-ZIP MADEIRA BCH FL

☐ DELETE

TITLE D
NAME DUFFY, CHARLES
STREET ADDRESS 13380 86TH AVENUE N
CITY-ST-ZIP SEMINOLE, FL 00000

☒ DELETE

TITLE D
NAME PAYNE, JOHN W
STREET ADDRESS 68 DOLPHIN DRIVE
CITY-ST-ZIP TREASURE ISLAND, FL00000

☐ DELETE

TITLE VT
NAME STANKIEWICZ, CY
STREET ADDRESS 3804 46TH AVE. SOUTH
CITY-ST-ZIP ST PETERSBURG, FL 00000

☐ DELETE

TITLE V
NAME STEVENS, ROBERT
STREET ADDRESS 9180 60TH ST N.
CITY-ST-ZIP PINELLAS PARK FL

☐ DELETE

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 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 registered agent 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/99

77 81x 3008

CR2E034 (11/98)