FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # 649733 (3)

1. Corporation Name

ILAB, INC.

Principal Place of Business	Mailing Address
4399 35 ST N P O BOX 84000 ST PETERSBURG FL 33784	4399 35 ST N P O BOX 84000 ST PETERSBURG FL 33784

3. Date Incorporated or Qualified: 01/01/1980
3a. Date of Last Report: 05/20/1994

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 59-1981910 ☐ 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	1 1 TITLE	☐ Change ☐ Addition
NAME	PAYNE, JEFFREY T.	1 2 NAME	
STREET ADDRESS	7840 CAUSEWAY BLVD S	1 3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	1 4 CITY - ST - ZIP	
TITLE	VT	2 1 TITLE	☐ Change ☐ Addition
NAME	STANKIEWICZ, CY	2 2 NAME	
STREET ADDRESS	3804 46TH AVENUE SOUTH	2 3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG, FL 00000	2 4 CITY - ST - ZIP	
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	PAYNE, JOHN W	3 2 NAME	
STREET ADDRESS	68 DOLPHIN DRIVE	3 3 STREET ADDRESS	
CITY - ST - ZIP	TREASURE ISLAND, FL00000	3 4 CITY - ST - ZIP	
TITLE	V	4 1 TITLE	☐ Change ☐ Addition
NAME	STEVENS, ROBERT	4 2 NAME	
STREET ADDRESS	9180 60 ST N	4 3 STREET ADDRESS	
CITY - ST - ZIP	PINELLAS PARK FL	4 4 CITY - ST - ZIP	
TITLE	V	5 1 TITLE	☐ Change ☐ Addition
NAME	MOTTA, JOSEPH E	5 2 NAME	
STREET ADDRESS	512 JOHNS PASS AVE	5 3 STREET ADDRESS	
CITY - ST - ZIP	MADEIRA BCH FL	5 4 CITY - ST - ZIP	
TITLE	D	6 1 TITLE	☐ Change ☐ Addition
NAME	DUFFY, CHARLES J	6 2 NAME	
STREET ADDRESS	13380 86TH AVENUE NORTH	6 3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE, FL 00000	6 4 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 119.07(3)(k), 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 an attachment with an address.

SIGNATURE: ________ Stankiewicz 04/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0512846 CP