

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 649733 (3)
1. Corporation Name
ILAB, INC.



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

Mailing Address
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 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1981910	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	29		

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's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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:

CY STANKIEWICZ
NAME AND TYPE OF SIGNING OFFICER OR DIRECTOR

03/14/96
Date

Daytime Phone #

CR2E034 (12/95)