


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

**FILED**  
**May 07 1997 8:00am**  
**Secretary of State**

|                                                    |                                                                                   |                                                                                                           |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

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



|                                                                                                                                   |                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>4399 35 ST N<br/>                 P O BOX 84000<br/>                 ST PETERSBURG FL 33784</b> | Mailing Address<br><b>4399 35 ST N<br/>                 P O BOX 84000<br/>                 ST PETERSBURG FL 33784-4000</b> |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                  |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>01/01/1980</b>                                                                                           | 3a. Date of Last Report<br><b>03/19/1996</b> |
| 4. FEI Number<br><b>59-1981910</b>                                                                                                               | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                        | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                  | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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. Zip                        | 29. Zip                |
| 25. Country                    | 30. Country            |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>VS</b> <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PAYNE, JEFFREY T.</b>                  | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>7840 CAUSEWAY BLVD S</b>               | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | <b>ST PETERSBURG FL</b>                   | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | <b>VT</b> <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>STANKIEWICZ, CY</b>                    | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>3804 46TH AVENUE SOUTH</b>             | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | <b>ST PETERSBURG, FL 00000</b>            | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PAYNE, JOHN W</b>                      | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>88 DOLPHIN DRIVE</b>                   | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | <b>TREASURE ISLAND, FL00000</b>           | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | <b>V</b> <input type="checkbox"/> DELETE  | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>STEVENS, ROBERT</b>                    | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>9180 80 ST N</b>                       | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | <b>PINELLAS PARK FL</b>                   | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | <b>V</b> <input type="checkbox"/> DELETE  | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MOTTA, JOSEPH E</b>                    | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>512 JOHNS PASS AVE</b>                 | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | <b>MADEIRA BCH FL</b>                     | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DUFFY, CHARLES J</b>                   | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>13380 86TH AVENUE NORTH</b>            | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | <b>SEMINOLE, FL 00000</b>                 | 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 supplementary 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 a partner 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 change is indicated on attachment with an address.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **04/28/97** Daytime Phone #: **813 576 0561**

CR2E034 (9/96)