

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 19 AM 8:34

**DOCUMENT # 840190 (3)**

1. Corporation Name  
**DNALOR CORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**4800 N FEDERAL HWY.  
STE. 203B  
BOCA RATON FL 33431  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/10/1978** 3a. Date of Last Report **04/07/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-1779290** Applied For  
Not Applicable

21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be  
Added to Fees**

23 Zip Country 28 Zip Country

6. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

24 25 29 30

9. Name and Address of Current Registered Agent

**ABREU, MONICA L.  
4800 N FEDERAL HWY.  
STE. 203B  
BOCA RATON FL 33431**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DCP</b>
NAME	<b>ROBNS, GERALD</b>
STREET ADDRESS	<b>4800 N FEDERAL HWY.</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>AS</b>
NAME	<b>SISLER, RON K</b>
STREET ADDRESS	<b>4800 N FEDERAL HWY.</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>DS</b>
NAME	<b>ABEL, MARTIN J</b>
STREET ADDRESS	<b>4800 N FEDERAL HWY.</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>V</b>
NAME	<b>ABREU, MONICA</b>
STREET ADDRESS	<b>4800 N. FEDERAL HWY.</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>D</b>
NAME	<b>MAYER, STEPHEN F</b>
STREET ADDRESS	<b>4800 N. FEDERAL HWY.</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<b>Treasurer/Asst. Sec.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Melvin B. Seiden</b>
2.3 STREET ADDRESS	<b>4800 N. Federal Hwy.</b>
2.4 CITY - ST - ZIP	<b>Boca Raton, FL</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Lee Neibart</b>
5.3 STREET ADDRESS	<b>4800 N. Federal Hwy.</b>
5.4 CITY - ST - ZIP	<b>Boca Raton, FL</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 recipient of the fee 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 in an attachment thereto as indicated.

SIGNATURE:

*(Signature)*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

**Monica L. Abreu**

**3/30/95**

**(407) 750-0449**

System 1 Form 8