

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **840190** (3)
1. Corporation Name
DNALOR CORPORATION



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

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

3. Date Incorporated or Qualified: **03/10/1978**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **59-1779290**
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: **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, 85 Zip Code: **FL**

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINS, GERALD	1.2 NAME	
STREET ADDRESS	4800 N FEDERAL HWY.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON FL	1.4 CITY-STATE-ZIP	
TITLE	TAS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIDEN, MELVIN B	2.2 NAME	
STREET ADDRESS	4800 N. FEDERAL HWY.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON FL	2.4 CITY-STATE-ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABEL, MARTIN J	3.2 NAME	
STREET ADDRESS	4800 N FEDERAL HWY.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON FL	3.4 CITY-STATE-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABREU, MONICA	4.2 NAME	
STREET ADDRESS	4800 N. FEDERAL HWY.	4.3 STREET ADDRESS	400001737254
CITY-STATE-ZIP	BOCA RATON FL	4.4 CITY-STATE-ZIP	03/08/96-01077-001
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEIBERT, LEE	5.2 NAME	
STREET ADDRESS	4800 N. FEDERAL HWY.	5.3 STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON FL	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 do hereby 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 trustee, partner, 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 by an attachment with my address.

SIGNATURE: **Monica L. Abreu** 2/1/96 (407) 750-0449

CR2E034 (12/95)