

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000001261 (6)**

1. Corporation Name

U.S. LABORATORIES (DELAWARE) INC.



Principal Place of Business

3321 E. OAKLAND PARK BLVD.
SUITE 132
FT. LAUDERDALE FL 33308

Mailing Address

3321 E. OAKLAND PARK BLVD.
SUITE 132
FT. LAUDERDALE FL 33308

3. Date Incorporated or Qualified
03/14/1994

3a. Date of Last Report
06/21/1995

2. Principal Place of Business

2a. Mailing Address

21 **4350 W. Sunrise Blvd.**

26 **4350 W. Sunrise Blvd.**

4. FEI Number
33-0586167

Applied For
Not Applicable

22 **107**

27 **107**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 **Plantation, FL**

28 **Plantation, FL**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 **33313** 25 Country

29 **33313** 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
STE. 105
TALLAHASSEE FL 32301**

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 filer if applicable.

NOTE: Registered Agent signature required when re-registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	WRIGHT, DICKERSON	
STREET ADDRESS	3321 E. OAKLAND PARK BLVD. #132	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WRIGHT, KATHERINE	
STREET ADDRESS	3321 E. OAKLAND PARK BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
13. STREET ADDRESS	4350 W. Sunrise Blvd., Suite 107
14. CITY-ST-ZIP	Plantation, FL 33313
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	4350 W. Sunrise Blvd., Suite 107
24. CITY-ST-ZIP	Plantation, FL 3313
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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)(c), 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: *X [Signature]* **3-12-96** **454-581-2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE AND PHONE #

CR2E034 (12/95)