


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

FILED

May 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>G13609</b> (4)			
1. Corporation Name <b>ALOE #1 LABORATORIES, INC.</b>			
Principal Place of Business <b>% RODNEY STOCKTON 750 NW 38 ST FT LAUDERDALE FL 33309</b>		Mailing Address <b>% RODNEY STOCKTON 750 NW 38 ST FT LAUDERDALE FL 33309-5084</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent <b>STOCKTON, RODNEY 750 NW 38 ST FT LAUDERDALE FL 33309</b>		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	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO STOCKTON, RODNEY	1.1 TITLE	
NAME	750 NW 38 ST	1.2 NAME	
STREET ADDRESS	FT LAUDERDALE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV STOCKTON, DENISE T.	2.1 TITLE	
NAME	7642 SILVERWOOD COURT	2.2 NAME	
STREET ADDRESS	BOCA RATON FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DV KELSEY, PHILIP	3.1 TITLE	
NAME	6711 N.W. 28TH AVENUE	3.2 NAME	
STREET ADDRESS	FT LAUDERDALE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D LINDER, ROLAND	4.1 TITLE	
NAME	121 TIMBERLINE LANE	4.2 NAME	
STREET ADDRESS	MORTON IL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D KEIDAISH, JEAN ROSE	5.1 TITLE	
NAME	808 GREENSHIRE CT	5.2 NAME	
STREET ADDRESS	LONGWOOD FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: <i>Rodney M. Stockton</i> RODNEY M. STOCKTON			



CR2E034 (9/96)

904-564-8801  
April 28, 1997  
Daytime Phone #