

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G32744** (6)

1. Corporation Name

ION LABS, INC.



Principal Place of Business

% WILLIAM E. OLIVER
6554 44TH ST N
PINELLAS PARK FL 34665

Mailing Address

% WILLIAM E. OLIVER
6554 44TH ST N
PINELLAS PARK FL 34665

3. Date Incorporated or Qualified
04/08/1983

3a. Date of Last Report
07/05/1995

2. Principal Place of Business

21 **6545-44th St N**

Suite, Apt. #, etc.

22 **#4007**

City & State

23 **PINELLAS PARK, FL**

Zip

24 **34665**

Country

25 **PINELLAS**

2a. Mailing Address

26 **6545-44th St N**

Suite, Apt. #, etc.

27 **#4007**

City & State

28 **PINELLAS PARK, FL**

Zip

29 **34665**

Country

30 **PINELLAS**

4. FEI Number

59-2368234

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

OLIVER, WILLIAM E.
6554 44TH ST N
PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent

81 Name **OLIVER, WILLIAM**
82 Street Address (P.O. Box Number is Not Acceptable)
6545-44th St N
83 **#4007**
84 City **PINELLAS PARK** FL 85 Zip Code **34665**

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

Jennifer Novak **VICE PRESIDENT**

DATE

4/30/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	DP	OLIVER, WILLIAM	2625 HERON LANE N CLEARWATER, FL 00000	
	DVPS	OLIVER, TERRY	2625 HERON LANE NORTH CLEARWATER FL	
	VPT	NOVAK, JENNIFER	6545 44TH STREET N PINELLAS PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Jennifer Novak* **JENNIFER NOVAK**

4/30/96

527-1072

CR2E034 (12/95)