

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

FILED
May 19 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 # **G32744** (6)

1. Corporation Name
ION LABS, INC.

Principal Place of Business

**6545-44TH ST N
4007
PINELLAS PARK FL 34665
US**

Mailing Address

**6545-44TH ST N.
4007
PINELLAS PARK FL 33781-5837
US**



2. Principal Place of Business

21 **6551 - 44th St N.**

Suite, Apt. #, etc.

22 **5005**

City & State

23 **PINELLAS PARK, FL**

Zip

24 **33781**

Country

25 **PINELLAS**

2a. Mailing Address

26 **6551 - 44th St N**

Suite, Apt. #, etc.

27 **5005**

City & State

28 **PINELLAS PARK, FL**

Zip

29 **33781**

Country

30 **PINELLAS**

3. Date Incorporated or Qualified

04/08/1983

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2368234

Applied For

Not Applicable

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

**OLIVER, WILLIAM
6545-44TH ST N.
4007
PINELLAS PARK FL 34665**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **OLIVER, WILLIAM**
STREET ADDRESS **2625 HERON LANE N**
CITY - ST - ZIP **CLEARWATER, FL 00000**

TITLE **DVPS** ☐ DELETE
NAME **OLIVER, TERRY**
STREET ADDRESS **2625 HERON LANE NORTH**
CITY - ST - ZIP **CLEARWATER FL**

TITLE **VPT** ☒ DELETE
NAME **NOVAK, JENNIFER**
STREET ADDRESS **6545 44TH STREET N**
CITY - ST - ZIP **PINELLAS PARK FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)