

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G32744**

1. Corporation Name  
**ION LABS, INC.**

Principal Place of Business

6551 - 44TH ST N  
5005  
PINELLAS PARK FL 33781  
US

Mailing Address

6551 - 44TH ST N  
5005  
PINELLAS PARK FL 33781  
US

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90014 005 \*\*\*300.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/08/1983**

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 owes the current year  
Intangible Personal Property.



Yes

No

2. Principal Place of Business

21 **6545 - 44th St. N.**

Suite, Apt. #, etc.

22 **#4007**

City & State

23 **PINELLAS PARK, FL**

Zip

24 **33781**

Country

25 **USA**

2a. Mailing Address

26 **6545 - 44th St N**

Suite, Apt. #, etc.

27 **#4007**

City & State

28 **PINELLAS PARK, FL**

Zip

29 **33781**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**OLIVER, WILLIAM**  
**6551 - 44TH ST N**  
**5005**  
**PINELLAS PARK FL 33781**

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**

TITLE **DVPS** ☐ DELETE

NAME **OLIVER, TERRY**  
STREET ADDRESS **2625 HERON LANE NORTH**  
CITY-ST-ZIP **CLEARWATER 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

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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/20/99**

Date

**727 5271072**

Daytime Phone #

CR2E034 (5/99)

0094247



ION LABS, INC.

598145-90014-10

G32744

Specializing in custom manufacturing of OTC's, tablets,  
capsules, powders, gels, creams, lotions and liquids

July 20, 1999

Division of Corporations  
Annual Reports Filings  
P O Box 1500  
Tallahassee, FL 32302-1500

re: Ion Labs, Inc. & T.E.O. Equipment, Inc.

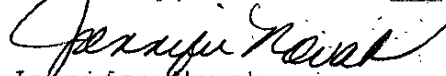
To Whom it Concerns:

Please find enclosed our annual renewals and payments. Please note that though this was the second notice copy from your department, it is only the first that we received.

I spoke to your department Monday and was told to write this letter and send the regular fee.

If you have any questions, please feel free to call me.

Sincerely,

  
Jennifer Novak  
Administrative Assistant

JN

cc: William Oliver, President

ION LABS INC.

6545 44th Street North • Pinellas Park, FL 33781 • USA T.E. 727-527-1072 • Fax 727-527-6758

Enrique Fernandez 1470 • Lanus Oeste C. 1824 • Prov. de Buenos Aires, Argentina • T.E. 54-209-0316 • Fax 54-218-0938